

MV-145A (2-08)

Commonwealth of Pennsylvania
 Department of Transportation
 Bureau of Motor Vehicles
 P.O. Box 68268
 Harrisburg, PA 17106-8268

**PERSON WITH DISABILITY
 PARKING PLACARD APPLICATION**

(One Placard Per Qualified Person)

NO FEE REQUIRED

FOR DEPARTMENT USE ONLY

CHECK (✓) APPROPRIATE BLOCKS BELOW - See reverse side for instructions and eligibility requirements

- ORIGINAL REQUEST - Permanent Placard Severely Disabled Veteran Temporary Placard
- RENEWAL REQUEST - (For Permanent Placards Only)
- REPLACEMENT REQUEST - PLACARD ID CARD Defaced Lost Stolen PREVIOUS PLACARD # _____
- CHANGE OF ADDRESS/NAME

A APPLICANT INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY

Last Name (or Full Business Name)	First Name	Middle Name	PA DL/Photo ID# or Bus. ID#	Date of Birth
Street Address		City	State	Zip Code
<p>NOTE: If you are the parent or adult charged by law with the natural parent's rights, duties and responsibilities acting on behalf of a minor child (under 18) in place of the child's natural parents (person in loco-parentis), you must complete the information below.</p>				
Name of Parent or Person in Loco Parentis		Relationship to Applicant		Age of Applicant Listed in Section A
Street Address		City	State	Zip Code

B CERTIFICATION FROM A HEALTH CARE PROVIDER LICENSED OR CERTIFIED IN PA OR A CONTIGUOUS STATE (NEW YORK, NEW JERSEY, DELAWARE, MARYLAND, WEST VIRGINIA OR OHIO). THIS SECTION MUST BE COMPLETED IN FULL. HEALTH CARE PROVIDERS MAY ONLY CERTIFY DISABILITIES WITHIN THEIR SCOPE OF PRACTICE. WARNING: Altering or forging a document issued by the Department, such as a disabled person parking placard, or possessing, using or displaying, such a document knowing it to have been altered, forged or counterfeited, is a misdemeanor of the first degree pursuant to the Vehicle Code, 75 PA.C.S. Section 7122, punishable by a fine of not more than \$10,000 or imprisonment of not more than five years, or both.

I hereby certify that the person with disability listed above is under my care and has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____ (NOTE: Only those conditions listed on the reverse side of this application qualify an applicant for a person with disability placard.)
List Reason Code # Here

NOTE: If reason code #4 is listed above, please indicate the type of device used: _____

If a temporary placard is requested, list the expected duration of the disability. _____ months. [NOTE: Temporary placards can only be issued for a period not to exceed 6 months.]

Health Care Provider's Name	Health Care Provider's Signature	Medical License No.
Office Street Address	City	State Zip Code Telephone Number ()

C CERTIFICATION BY POLICE OFFICER - Police officer may only certify that the applicant does not have full use of a leg or both legs, or is blind. NOTE: If Section B above is completed, please skip this Section and go on to Section E.

This is to certify that the person with disability listed above has the condition listed and is entitled to the use and privileges of the person with disability parking placard. is blind, **OR** does not have full use of a leg or both legs as evidenced by the use of a wheelchair walker crutches cane/quad cane other prescribed device _____

Officer's Name	Officer's Signature	Badge Number
Office Street Address	City	State Zip Code Telephone Number ()

D CERTIFICATION FROM VETERANS ADMINISTRATION REGIONAL OFFICE ADMINISTRATOR OR HIS/HER DESIGNATED REPRESENTATIVE (Philadelphia or Pittsburgh) OR SERVICE UNIT IN WHICH THE VETERAN SERVED.

This is to certify that the veteran listed above with VA number _____ has service connected disabilities rated at 100% or has the following service connected disability listed on the reverse side of this application under "Eligibility Requirements": _____. **NOTE:** If reason code #4 is listed, please indicate the type of device used: _____ List Reason Code # Here

Authorized Signature:	Title of Authorized Signer:
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E NOTARIZATION AND APPLICANT SIGNATURE - Applicant, natural parent or other authorized person listed in Section A must sign below.

<p>SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR</p> <p style="text-align: center;">SIGNATURE OF PERSON ADMINISTERING OATH</p> <p style="text-align: center;">SIGN IN PRESENCE OF NOTARY</p> <p style="font-size: 2em; text-align: center;">S T A M P</p>	<p>I state that I have read and signed this application after its completion, and I swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this application is subject to the penalties of 18 PA C.S. Section 4903 (a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term or imprisonment of not more than two years, or both.</p> <p style="text-align: right;">_____ Applicant Signature Date Telephone Number</p> <p>Messenger No. _____</p>
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THIS APPLICATION MAY BE DUPLICATED