



pennsylvania

DEPARTMENT OF TRANSPORTATION

www.dmv.pa.gov

PERSON WITH DISABILITY PARKING PLACARD APPLICATION

NO FEE REQUIRED

SEE REVERSE SIDE FOR INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS

FOR DEPARTMENT USE ONLY

Bureau of Motor Vehicles • P.O. Box 68268 • Harrisburg, PA 17106-8268

CHECK (✓) APPROPRIATE BLOCKS BELOW

- ☐ ORIGINAL REQUEST - ☐ Permanent Placard ☐ Severely Disabled Veteran ☐ Temporary Placard
☐ RENEWAL REQUEST - (For Permanent Placards Only)
☐ REPLACEMENT REQUEST - ☐ PLACARD ☐ ID CARD ☐ Defaced ☐ Lost ☐ Stolen ☐ Never Received PREVIOUS PLACARD # _____
☐ CHANGE OF ADDRESS - Complete Sections A and E. NOTE: Notarization is not required.
☐ CHANGE OF NAME - Complete Sections A and E. Check here to indicate reason for change of name: ☐ Marriage ☐ Divorce ☐ Other: _____

A APPLICANT INFORMATION - LIST NAME AND ADDRESS OF PERSON WITH DISABILITY - NOTE: If listing an out-of-state address, you must also complete and attach Form MV-8.

| | | | | | |
|---|--|------------|---------------------------|--------------------------------|---------------|
| 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 |
| Email Address | | | | | |
| <small>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. In addition, a parent, including an adoptive or foster parent who has custody care or control of the child or adult child or a spouse may sign on behalf of the child, adult child or spouse (applicant) provided the applicant meets eligibility requirements (1) through (8).</small> | | | | | |
| Name of Parent, Person in Loco Parentis or Spouse | | | Relationship to Applicant | | |
| 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 the disability listed above is under my care and has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____ <small>(NOTE: Only those conditions listed on the reverse side of this application qualify an applicant for a person with disability placard.)</small> | | UNCORRECTED R 20/ L 20/ B 20/ |
| NOTE: If reason code #1 is listed above, please indicate the individual's visual acuity by completing the chart to the right: If reason code #4 is listed above, please indicate the type of device used: _____ | | CORRECTED R 20/ L 20/ B 20/ |
| <small>Temporary placards are only issued for a period of time not to exceed six months. If the applicant requires additional time after the expiration of the placard issued, the applicant must be recertified by a health care provider.</small> | | |
| Health Care Provider's Printed 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. <input type="checkbox"/> is blind, OR does not have full use of a leg or both legs as evidenced by the use of a: <input type="checkbox"/> wheelchair <input type="checkbox"/> walker <input type="checkbox"/> crutches <input type="checkbox"/> cane/quad cane <input type="checkbox"/> other prescribed device _____ | | |
| Officer's Printed Name | Officer's Signature | Badge Number |
| Office Street Address | City | State Zip Code Telephone Number () |

D CERTIFICATION FROM U.S. DEPARTMENT OF VETERANS AFFAIRS REGIONAL OFFICE ADMINISTRATOR (PHILADELPHIA OR PITTSBURGH) OR SERVICE UNIT IN WHICH THE VETERAN SERVED OR A LEGIBLE PHOTOCOPY OF THE APPLICANT'S LETTER OF PROMULGATION, AWARDS LETTER, OR SINGLE NOTIFICATION LETTER.

| | |
|---|-----------------------|
| <input type="checkbox"/> This is to certify that the veteran listed above with VA number _____, has a 100% service-connected disability or has the following service connected disability reason code number _____, 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: _____ | |
| Authorized Printed Name and Title: | Authorized Signature: |
| <input type="checkbox"/> In lieu of the U.S. Department of Veterans Affairs Regional Office Administrator certification, I have attached a legible photocopy of my Letter of Promulgation, Awards Letter, or Single Notification Letter that indicates I have a 100% service-connected disability. | |

E NOTARIZATION AND APPLICANT SIGNATURE - Applicant, natural parent or other authorized person listed in Section A must sign below.

| | | | | | |
|---|---|--|--|---|--|
| SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR | | | | 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. | |
| SIGNATURE OF PERSON ADMINISTERING OATH | | | | _____ Applicant Signature Date Telephone Number | |
| S T A M P | SIGN IN PRESENCE OF NOTARY | | | | |
| | _____ THIS APPLICATION MAY BE DUPLICATED | | | | |