

MV-145 (09-04)

Commonwealth of Pennsylvania
 Department of Transportation
 Bureau of Motor Vehicles
 1101 South Front Street
 Harrisburg, PA 17104-2516

**APPLICATION FOR PERSON WITH A DISABILITY
 OR HEARING IMPAIRED REGISTRATION
 PLATE OR A PERSON WITH A DISABILITY
 MOTORCYCLE PLATE DECAL**

Plates: \$7.50

Decals: Free

FOR DEPARTMENT USE ONLY

CHECK (✓) APPROPRIATE BLOCKS BELOW - See reverse side for instructions and eligibility requirements.
 Person with a Disability Plate. Complete Section A, Section B or C (NOT BOTH) and Section D. FEE: \$7.50

 Person with a Disability Motorcycle Plate Decal - Complete Section A, Section B or C (NOT BOTH) and Section D. NO FEE REQUIRED.

 Hearing Impaired Plate (NOTE: No Special Parking Privileges). Complete Sections A, B and D. FEE: \$7.50
A VEHICLE OWNER INFORMATION (List all information as shown on current registration card)

Title Number	Vehicle Identification Number	Current Tag No.	Social Security Number
Last Name	First	Middle Initial	Date of Birth
Street Address	City	State	Zip Code
NOTE: If you are the parent or the 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.			
Name of Parent or Person in Loco Parentis	Relationship to Applicant		Age of Applicant Listed in Section B
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. - WARNING: Altering or forging a document issued by the Department, such as a Person with Disability, Hearing Impaired Registration Plate or Motorcycle Plate Decal, 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.

This is to certify that _____ is under my care and (check the appropriate block):

Name of Person with Disability

has a hearing impairment or, has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____
List Reason Code # here

NOTE: Only those conditions listed on the reverse side of this application qualify an applicant for a person with a disability plate.

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

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 A 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 D.

This is to certify that _____ has the condition listed below and is entitled to the use and privileges of the registration plate listed above is: blind, OR does not have full use of a leg or both legs as evident by the use of a wheelchair walker

crutches cane/quad cane other prescribed device _____
(state device)

Officer's Name	Officer's Signature	Badge Number
Department/Station	City	State
	Zip Code	Telephone Number ()

D 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 9(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				
S E A L	SIGN IN PRESENCE OF NOTARY			Applicant Signature _____ Date _____ Telephone Number _____

Eligibility Requirements and General Information

Plate Type	Eligibility Requirements	Qualifying Vehicles	Benefits
Person with a Disability Plate	<p style="text-align: center;"><u>“Reason Codes”</u></p> <p>Applicant:</p> <ol style="list-style-type: none"> (1) is blind. (2) does not have full use of an arm or both arms. (3) cannot walk 200 feet without stopping to rest. (4) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device. (5) is restricted by lung disease to such an extent that the person’s forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest. (6) uses portable oxygen. (7) has a cardiac condition to the extent that the person’s functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association. (8) is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition. (9) is a person in loco parentis of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8) above. 	<p>(1) A passenger vehicle or truck with a registered gross weight of not more than 9,000 lbs. The vehicle must be used by a person with disability or operated exclusively for the use and benefit of the person with a disability.</p> <p>NOTE: Organizations that operate a passenger vehicle to transport persons with disabilities must supply the Department with the following:</p> <ol style="list-style-type: none"> a) a notarized statement of how the vehicle will be used and the type of services that will be provided. b) the weekly or monthly number of hours that the services are provided. <p>NOTE: The vehicle(s) must be titled in the name of the organization.</p>	<ol style="list-style-type: none"> (1) Parking permitted in spaces designated for disabled persons and for 60 minutes in excess of legal parking period except where local ordinances or police regulations provide for the accommodation of heavy traffic during morning, afternoon or evening hours. (2) Upon request of a person with a disability, local authorities may erect on the highway as close as possible to the person’s residence a sign(s) indicating that the place is reserved for the person with a disability, that no one else may park there unless a person with disability plate or placard is displayed and that any unauthorized person parking there will be subject to a fine.
<p>Definition of Person in Loco Parentis - ANY 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.</p>			
Hearing Impaired Plate	Any person with a hearing impairment verified by a licensed health care provider.	No restrictions.	No special benefits.
Person with a Disability Motorcycle Plate Decal	Same disabilities as listed for Person with a Disability Plate.	Motorcycle Only.	Same as above for Person with a Disability Plate.

- A Health Care Provider is defined as a physician, chiropractor, podiatrist, physician’s assistant or a certified registered nurse practitioner. A Health Care Provider may only certify disabilities within their scope of practice.
- This application may only be used by a vehicle owner or co-owner that qualifies for the type of plate or decal indicated on the front of this application unless the vehicle owner is a person in loco parentis of a qualified person.
- Only one plate or motorcycle decal per qualified person. **NOTE:** The decal may only be used on a currently registered motorcycle registration plate.
- Person with a Disability and Hearing Impaired plates may not be personalized.
- Should you desire to renew your registration in conjunction with this application, you must complete Form MV-140 or your registration renewal application and return it with this application along with your annual registration fee and the \$7.50 replacement registration plate fee (if applicable).

Send completed application to: PA Department of Transportation
 Bureau of Motor Vehicles
 1101 S. Front Street
 Harrisburg, PA 17104-2516