



pennsylvania
DEPARTMENT OF TRANSPORTATION

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

For Department Use Only
Bureau of Motor Vehicles • P.O. Box 68593 • Harrisburg, PA 17106-8593

CHECK (✓) TYPE OF REGISTRATION PLATE REQUESTED - See reverse side for instructions and eligibility requirements.

- ☐ Person with a Disability (K9) - Complete Sections A, B, C or D (NOT BOTH), E (if applicable), and F. FEE: \$11
☐ Person with a Disability Motorcycle (BK) - Complete Sections A, B, C or D (NOT BOTH), E (if applicable), and F. Fee: \$11
☐ Hearing Impaired (S4) - Complete Sections A, B, C, E (if applicable), and F. FEE: \$11 (NOTE: No Special Parking Privileges)

Two Plates (with identical plate numbers) for vehicles equipped with a Wheelchair/Personal Assistive Device Carrier. (See reverse for instructions)
☐ For two Person with a Disability Plates (IV) - Complete Sections A, B, C or D (NOT BOTH), E (if applicable), and F. FEE: \$11

A Vehicle Information (NOTE: In conjunction with replacement of your registration plate, you will receive one registration card. If additional registration cards are desired, the fee is \$2 for each card. Number of Duplicate Registration Cards Requested @ \$2 each _____.)

Title Number	Vehicle Identification Number	Registration Plate Number
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B Applicant Information - List all information as shown on current registration card.

Vehicle Owner Name (or Full Business Name)	PA DL/Photo ID# or Bus. ID#	Date of Birth	Complete the information to the left if you qualify as a person in local parents, parent (including adoptive parent or foster parent), or a spouse of a person who qualifies for a Person with Disability Placard as specified in reason code 1 through 8 on the reverse side of this form.			
Co-Owner Name	PA DL/Photo ID#	Date of Birth	Name of Person with Disability		Relationship to Applicant	
Street Address	City	State	Zip Code	Street Address	City	State Zip Code

C 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.

This is to certify that _____ (Name of Person with Disability) is under my care and has a hearing impairment, or has the following condition listed on the reverse side of this application under "Eligibility Requirements": _____ (List Reason Code #1-8.)

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

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

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

D Certification by Police Officer - A 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 C above is completed, please skip this Section.

This is to certify that the person listed above with a disability has the condition checked below and is entitled to the use and privileges of the registration plate requested, ☐ 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 Printed Name	Officer's Signature	Badge Number
Department/Station	City	State Zip Code Telephone Number ()

E OPTIONAL PERSONALIZATION REQUEST - NOTE: Additional Fee Required. For appropriate fees see reverse side.

The number of allotted letters or numbers in combination varies depending on the selected registration plate type. Pre-printed letter configurations or designated letter(s) appear on personalized registration plates based on the type of plate requested. Please see the reverse side of this application for additional information. Only one hyphen or space is permitted as part of the available spaces for personalization. No other special characters are available. Please use capital letters and print clearly.

NOTE: When requesting a numeric character of zero, please show as "0" instead of the alpha character "O." Since this is an electronically fillable form, after printing the form, please be sure any zero is marked with a "0."

FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
<input type="text"/>	<input type="text"/>	<input type="text"/>

F Notarization And Applicant Signature - Applicant, natural parent or other authorized person listed in Section B must sign below.

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF NOTARY

I/We state that I/we have read and signed this application after its completion, and I/we 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 of imprisonment of not more than two years, or both.

Applicant Signature	Date	Telephone Number ()
Co-Applicant Signature	Date	Telephone Number ()

S
T
A
M
P

Plate Type	Eligibility Requirements	Qualifying Vehicles	Benefits
Person with a Disability Registration Plate	<p><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. (10) is the parent, including adoptive parent or foster parent, of a child or adult child provided that the person has custody, care or control of the child or adult child and the child or adult child satisfies paragraph (1), (2), (3), (4), (5), (6), (7) or (8); OR, (11) is the spouse of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8). 	<p>(1) A passenger vehicle or truck with a registered gross weight of not more than 14,000 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 PennDOT 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>	<p>(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.</p> <p>(2) Upon request of a person with 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 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.			
Hearing Impaired Registration Plate	Any person with a hearing impairment verified by a licensed health care provider.	No restrictions.	No special benefits.
Person with a Disability Motorcycle Registration Plate	Same disabilities as listed for Person with a Disability registration plate.	Motorcycle Only.	Same as above for Person with a Disability registration plate.

- A Health Care Provider is defined as a physician, chiropractor, optometrist, 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 who qualifies for the type of registration plate indicated on the front of this application unless the vehicle owner is a person in loco parentis, parent of an adult child, or a spouse of a qualified person. **NOTE:** Individuals should list their PA Driver's License (PA DL) or Photo ID# in the space provided. Businesses should list their Business ID# (Bus. ID) where indicated (i.e. E.I.N.).
- Only one registration plate issued per qualified person for one vehicle.
- Should you desire to renew your registration in conjunction with this application, you must complete Form MV-140, "Request for Registration," or your registration renewal application and return it with this application along with your registration fee and the \$11 replacement registration plate fee (if applicable).
- You may be eligible to renew your vehicle for either a one-year or two-year registration period. Both registration periods and the required fees are provided on the registration renewal form or Form MV-70S, "Bureau of Motor Vehicles Schedule of Fees."
- ACT 89, signed into law November 25, 2013, provided for the elimination of vehicle registration stickers. PennDOT no longer issues registration stickers since December 31, 2016. Customers are still required to maintain a valid and current registration and must present the registration card to law enforcement when asked. The valid registration card is also still required when having a safety inspection completed.
- Two registration plates (with identical registration plate numbers) may be issued for vehicles equipped with a wheelchair/personal assistive device carrier on the rear of the vehicle. One registration plate must be affixed to the rear of the vehicle and one registration plate must be affixed to the rear of the carrier attached to the vehicle for which the registration plates are issued.
- Send completed application to: Bureau of Motor Vehicles, 1101 S. Front Street, Harrisburg, PA 17104-2516.