

## INSTRUCTIONS

Plate Type	Eligibility Requirements	Qualifying Vehicles	Benefits
<b>"Reason Codes"</b>			
Person with Disability Plate	<p>Applicant:</p> <ol style="list-style-type: none"> <li>is blind.</li> <li>does not have full use of an arm or both arms.</li> <li>cannot walk 200 feet without stopping to rest.</li> <li>cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.</li> <li>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.</li> <li>uses portable oxygen.</li> <li>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.</li> <li>is severely limited in his or her ability to walk due to an arthritic, neurological or orthopedic condition.</li> <li>is a person in loco parentis of a person specified in paragraph (1), (2), (3), (4), (5), (6), (7) or (8) above.</li> </ol>	<ol style="list-style-type: none"> <li>passenger car.</li> <li>other vehicle with a registered gross weight of not more than 9,000 lbs.</li> <li>vehicle (as described in 1 or 2) operated exclusively for the use and benefit of the person with disability.</li> </ol> <p><b>NOTE:</b> Organizations that transport persons with disabilities must supply the Bureau with the following:</p> <ol style="list-style-type: none"> <li>a notarized statement of how the plate will be used;</li> <li>the weekly or monthly number of hours that this service is provided; and,</li> <li>the make of the vehicle(s), including the title number, vehicle identification number and registration plate number. The vehicle(s) must be titled in the name of the organization and must be a passenger vehicle or other vehicle with a registered gross weight of not more than 9,000 pounds.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>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 and that any unauthorized person parking there will be subject to a fine.</li> </ol>
<b>Definition of Person In Loco Parentis</b> — 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 Plate	Any person with a hearing impairment verified by a licensed physician.	No restrictions.	No special benefits.
Person with Disability Motorcycle Plate Decal	Same disabilities as listed above for Person with Disability Plate.	Motorcycle Only.	Same as above for Person with Disability Plate.
Disabled Veteran Plate	Any service-connected disability certified by U.S. Veteran's Administration, or the service unit of the armed forces in which the veteran served.	Same as 1 and 2, Person with Disability Plate.	No special benefits.
Severely Disabled Veteran Plate	1) 100% service-connected disability certified by U.S. Veteran's Administration; or, 2) same disabilities as listed for Person with Disability Plate but must be service-connected.	Same as 1 and 2, Person with Disability Plate.	Same as above for Person with Disability Plate.
Severely Disabled Veteran Motorcycle Plate Decal	1) 100% service-connected disability certified by U.S. Veteran's Administration; or, 2) same disabilities as listed for Person with Disability Plate but must be service-connected.	Motorcycle Only.	Same as above for Person with Disability Plate.

- 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 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 form 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

MV-145 (7-97)

Commonwealth of Pennsylvania  
Department of Transportation  
Bureau of Motor Vehicles  
Harrisburg, PA 17104-2516Application for Person with Disability, Hearing  
Impaired, Disabled Veteran, or Severely  
Disabled Veteran Registration Plate or Person  
with Disability or Severely Disabled Veteran  
Motorcycle Plate Decal

Plates: \$7.50

Decals: Free

FOR BUREAU USE ONLY

## CHECK (✓) APPROPRIATE BLOCKS BELOW – See reverse side for eligibility requirements.

- ☐ Person with Disability Plate. Complete Sections A, B, or C (NOT BOTH) and E. FEE: \$7.50.
- ☐ Hearing Impaired Plate (NOTE: No Special Parking Privileges). Complete Sections A, B and E. FEE: \$7.50.
- ☐ Person with Disability Motorcycle Plate Decal – Complete Sections A, B or C (NOT BOTH) and E. NO FEE REQUIRED.
- ☐ Disabled Veteran Plate (NOTE: No Special Parking Privileges). Complete Sections A, D and E. FEE: \$7.50.
- ☐ Severely Disabled Veteran Plate. Complete Sections A, D and E. FEE: \$7.50.
- ☐ Severely Disabled Veteran Motorcycle Plate Decal. Complete Sections A, D, and E. NO FEE REQUIRED.

WARNING: MISSTATEMENT OF FACT IS A MISDEMEANOR OF THE THIRD DEGREE PUNISHABLE BY A FINE UP TO \$2,500 AND/OR IMPRISONMENT UP TO 1 YEAR (18 PA. C.S. SECTION 4904(b)).

**A VEHICLE OWNER INFORMATION** (List all information as shown on current registration card)

Title No.	Vehicle Identification Number		Current Tag No.	
Last Name	First	Middle Initial	Telephone Number ( )	
Street Address		City	State	Zip Code

**B CERTIFICATION FROM A PHYSICIAN LICENSED 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 \_\_\_\_\_ is under my care and check appropriate block ☐ has a hearing impairment or, ☐ has the following condition listed on the reverse side of this form under "Eligibility Requirements": \_\_\_\_\_ List reason code # here

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

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

NOTE: If reason code #9 is listed above, please indicate your relationship to the applicant and provide your name and address in the appropriate spaces below. (Definition of Person in Loco-Parentis is listed on back of this form)

Name of Person in Loco Parentis	Relationship to Applicant	Age of Applicant Listed in Section B.	
Street Address	City	State	Zip Code

Physician's Name	Physician'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 E.**

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 evidenced 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 CERTIFICATION FROM VETERANS ADMINISTRATION REGIONAL OFFICE ADMINISTRATOR OF 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 \_\_\_\_\_ % or has the following service connected disability listed on the reverse side of this form under "Eligibility Requirements": \_\_\_\_\_ List Reason Code # Here

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

Authorized Signature:	Title of Authorized Signer:
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**E APPLICANT SIGNATURE**

I hereby make application for the plate listed above and certify under penalty of law that ALL information contained herein is TRUE and CORRECT.

X \_\_\_\_\_  
Applicant Signature Date

Messenger No.

THIS FORM MAY BE DUPLICATED