

EMMAUS POLICE DEPARTMENT

400 Jubilee Street Emmaus, PA 18049 / Phone: 610-967-3113 / Fax: 610-967-6288

E-mail: police@emmauspd.org / www.emmauspa.gov



Reserved Handicap Parking Criteria

1. The Disabled Person must be eligible for and have in their possession an HCP or DVHP license plate from the PA Department of Transportation on their vehicle.
2. The driver of the vehicle need not be the disabled person as long as the driver resides in the household of the handicapped person – i.e., spouse, parent. The State requirements allow for a person in the household other than the handicapped person to apply because frequently the handicapped person cannot drive. They may be a child or a person with a disability that prohibits them from driving, but a sign will only be granted if the disability is severe enough to warrant a space.
3. The disabled person must be mobility impaired to the extent that ambulation is severely restricted.
4. The street width in front of the residence must be adequate to allowing parking.
5. The individual cannot have an off-street parking space available.
6. If the individual is restricted by lung disease, that disease must be advanced to such an extent that the person's forced (respiratory) expiratory volume for one second, (FEV), when measured by spirometry, is less than one liter.
7. If the individual is impaired by a cardiac condition, the cardiac condition must be advanced to the extent that the person's functional limitations are classified in severity as Class IV according to the standards set by the American Heart Association.
8. The parking width in front of the property must be at least 25 feet. If this is not the case, the person requesting must obtain the signature of the person who owns the adjacent property indicating that they have no objection to the installation of the Handicap zone.
9. No Temporary Handicap space will be installed for less than one year.

Reserved Handicap Parking Criteria

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10. The person requesting the Restricted Handicap Parking zone must fill out an application for Residential Parking for People with Disabilities which will include a Physician's Certification of Disability. There shall be a fee of \$75.00 for the application for Residential Parking and a fee of \$75.00 for a personalized parking space, both of which will be returned to the applicant if the space designation is not approved. Physician's Certification is separate.
11. These guidelines are not required for restricted parking spaces allotted for the general public or for spaces located entirely on private property.
12. The applicant must respond to the mailing which will be issued on the annual anniversary date of the granting of the handicapped space, to certify that the conditions warranting the granting of the handicapped parking space still exist and that the space is still warranted. Applicants are advised that failure to complete and return the annual certification will result in the conclusion that the space is no longer needed (i.e., the disabled person has recovered, moved, etc.) and the sign indicating a handicapped parking space will be removed. There is a \$5.00 annual renewal fee due at the time of the certification.

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Application for reserved parking for people with disabilities

If this application is being completed by someone other than the disabled person, please list that person's name below: (please print)

Person completing application

Relation to applicant

Applicant's (disabled person) name: _____

The following information required on this application must pertain to the above-mentioned applicant (disabled person).

Address _____

Telephone _____ Date of Birth _____ SSN _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. What is the nature of your disability? _____

2. Explain why you feel you are in need of reserved parking in front of your home.

3. Do you have a garage or other off-street parking available? [] No [] Yes

4. PA license plate number of the vehicle you use: _____
(Please attach a photocopy of the vehicle registration.)

5. If your vehicle does not have a PA Handicap registration plate, do you have a handicap placard? [] No []
What is the placard identification number? _____
(please attach a photocopy of the handicap placard registration)

6. Do you wish to have a personalized parking space? [] No []
(If yes please include an additional \$75.00 fee)

7. Do you use one of the following? (please check)

[] Wheelchair [] Cane [] Crutches [] Braces [] Walker [] n/a
[] Other (specify) _____

8. Are there any parking restrictions on your street? [] Yes [] No
If yes, please describe: _____

9. Do you have 25 feet of parking area available in front of your property? _____ If no,
complete the following section.

I understand that if the zone that I am requesting includes a portion of the street in front of a property adjacent to mine, it is my responsibility to obtain the signature of the owner of the adjacent property indicating that they have no objection to the installation of this zone. I further agree that if I use this zone in any other manner than that which I described at the time of this application; the zone will be removed. In addition, I agree that the Borough of Emmaus retains the right to remove this zone at any time at the direction of the Police Department.

* * * * * * * * * * * *

CONSENT OF ADJACENT PROPERTY OWNER

I, _____, certify that I am the owner of
(Print Name)

_____. I understand that my neighbor is in need of
(Address)

additional footage in order to install a reserved handicap parking zone on the street. I have no objections to the Borough of Emmaus installing a reserved handicap parking zone in front of my property at the above address.

Adjacent Property Owner

Phone #

Date

CONSENT OF LANDLORD/PROPERTY MANAGER

Do you rent the property where you are residing? [] No [] Yes
If yes, your landlord will need to sign below.

I certify that I am the owner or Property Manager of: _____
Address _____

and certify that I have no objection to the Borough of Emmaus installing a handicap parking zone for my tenant in front of the property at the above address.

Landlord or Property Manager's Signature Phone # Date

* * * * * * * * * * * * * * * *

HAVE YOU ATTACHED?

- A photocopy of the registration belonging to the vehicle that you use.
 - A photocopy of your handicap placard registration card
 - Physicians' certification
 - \$75.00 application fee
 - \$75.00 personalization fee

APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a complete application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I further understand that I will be asked to re-certify that the need for the space still exists on an annual basis, and the space will lapse and be removed if I do not complete and return the annual re-certification.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 PA C.S. Section 4904, relating to unsworn falsifications to authorities.

Applicant's Signature _____ Date _____

“Serving Emmaus with Pride and Respect”
An Accredited Law Enforcement Agency

PHYSICIAN'S CERTIFICATION OF DISABILITY

POLICY STATEMENT

All portions of this form must be filled out in detail by the applicant's treating physician based on an examination conducted within the past six months. A handicap parking space in front of a residence is a special privilege granted by the Traffic safety Committee only to people who have severe physical disabilities. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without it.

Please TYPE or PRINT CLEARLY or application will be rejected.

Patient's Name _____ Age _____

Residential Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____

The undersigned hereby certifies as follows:

1. I examined the above named applicant on the _____ day of _____, 20____

2. Disability Status (Please check all that apply, refer to the attached functional guidelines)

Impaired or Non-Ambulatory Disability (Sec. 1 or Sec. 2)

Arthritis (Sec. 3)

Functional Class # _____

Mobility Grade # _____

Amputation/Anatomical (Sec. 4)

Cerebrovascular Accident (Sec.5)

Functional Class A B

Pulmonary (Sec. 6)

Is the patient restricted to the extent that their 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?

NO YES IF YES, please attach copy of test results

Functional Class: _____ A _____ B

Cardiovascular (Sec. 7)

Functional Class III or IV

Therapeutic Class D or E

Neurological (Sec. 8)

Other (Sec. 9) Please specify:

3. Please specify date of onset of applicant's disability: _____

4. Please specify in detail the nature and extent of the applicant's disability:

5. I performed the following test(s) and/or procedures in diagnosing the applicant's disability:

6. Please specify the diagnosis and the prognosis of the applicant:

7. Will the applicant's current level of disability (check one):

Improve Remain the same Deteriorate

8. Please specify the current physical condition of the applicant:

9. Does the applicant require the use of any of the following devices? (check all that apply)

Wheelchair Crutches Scooter Cane Walker Braces
 Other (please specify) _____

10. Does the applicant require assistance in entering or exiting a vehicle? NO YES

IF YES, please describe in detail _____

11. Does the applicant require assistance in entering or exiting his/her home? NO YES

IF YES, please describe in detail _____

12. Is the applicant capable of driving? NO YES –IF YES, is the applicant the principle driver of the vehicle? NO YES

I am a Board certified physician in the following areas: (Please list)

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. Sec. 4904 relating to unsworn falsification to authorities.

Executed on _____
(date)

By _____
(Physician's Signature)

Please Print

Physician's Name _____

Address _____

City and State _____ Zip Code _____

Telephone Number (with area code) _____

License Number _____

FUNCTIONAL GUIDELINES AND ELIGIBILITY CRITERIA RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether the one or more medical conditions ascribed to an applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him or her to function adequately on a day to day basis. The following is a rather comprehensive list of medical conditions which, in various stages, cause moderate-to-severe mobility impairment. Most sections include a "Note" area to assist the evaluator in interpretation of the medical criteria as they relate to an applicant's eligibility for reserved residential parking for people with disabilities.

SECTION 1

Non-Ambulatory Disabilities

Impairments that require the applicant to use a wheelchair for mobility.

SECTION 2

Impaired or Assisted Ambulation

Intended for those who walk with extreme difficulty including those individuals who use a walker, crutches or leg braces. Use of a cane does not necessarily indicate eligibility for reserved residential parking.

Note: Claiming eligibility under this section will require extensive medical documentation or an additional medical examination of the individual to determine whether or not this applicant's medical condition qualifies the applicant for receipt of a reserved residential zone.

SECTION 3

Arthritis

This section is intended for people whose arthritic condition makes walking extremely difficult; people who suffer arthritis which causes a severe functional motor deficit in the legs.

Functional Capacity

Class III – Functional capacity adequate to perform only a few or none of the duties of usual occupation or self care.

Class IV – Largely or wholly incapacitated, uses wheelchair.

Mobility Assessment

Grade II – The applicant can cross the road but cannot manage public transportation.

Grade III – The applicant can use stairs but cannot cross roads.

Grade IV – The applicant cannot use stairs.

Grade V – The applicant can move from room to room with help.

Grade VI – The applicant is confined to chair or bed.

Note: Arthritis alone can only be used as a criterion for reserved residential parking if the applicant meets Class III under the Functional Capacity section and at least Grade III and up to Grade V under the Mobility Assessment section. Those applicants falling under other classes or grades listed must have either additional medical complications (when considering those at Grade II level) or traffic and/or terrain problems creating additional hardships for an attendant or driver of the disabled resident (when considering those at the Class IV and Grade VI levels).

SECTION 4

Amputation/Anatomical

This section is intended for people who find it extremely difficult to walk because of amputation, congenital absence of or anatomical deformity of the lower extremity at or above the tarsal region of one or both legs.

Note: Exceptions might include those cases in which the applicant has been particularly successful in mastering life skills and has been rendered fully ambulatory with the aid of his/her prosthesis.

SECTION 5

Cerebrovascular Accident

This section is intended for those applicants who, because of stroke or brain injury find it extremely difficult to walk. These applicants must exhibit one of the following:

(A) Severe functional motor deficit in any of two extremities

(B) Severe ataxia affecting two extremities substantiated by appropriate cerebellar signs of proprioceptive loss/loss of muscle and kinesthetic sense.

Note: Appropriate medical documentation including, but not limited to rehabilitation records, etc. required before approval of an application from an individual falling under this category.

SECTION 6

Pulmonary Disabilities

People who, because of a respiratory condition, find it extremely difficult to walk. These individuals experience dyspnea at various levels of exertion. Applicants must exhibit one of the following:

(A) Dyspnea which occurs during such activities as climbing one flight of stairs or walking 100 yds on level ground.

(B) Dyspnea present on the slightest exertion such as dressing, talking or at rest.

Note: Applicants for reserved parking may qualify under either section A or B; however, these conditions should be substantiated by respiratory function studies or by other objective rather than subjective evidence. If oxygen is required to carry out routine functions, this should be stated by the applicant's physician.

SECTION 7

Cardiovascular Disease

This section applies to those individuals who, because of cardiac ills, walk with extreme difficulty. This includes people who exhibit Class III or Class IV in the functional classification and Class D or E in the therapeutic classification.

Functional Classification

Class III – Patients with cardiac disease resulting in marked limitation of physical activity. Patients may be comfortable at rest; however, less than ordinary physical activity causes fatigue, palpitations, dyspnea or anginal pain

Class IV – Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or anginal syndrome may be present even at rest. Any physical activity will increase discomfort.

Therapeutic Classification

Class D – Patients with cardiac disease whose ordinary physical activity should be markedly restricted.

Class E – Patients with cardiac disease who should be at complete rest, confined to a bed or chair.

Note: Those applicants who fall under Therapeutic Classification D may or may not be mobility impaired to the extent that reserved parking is required. However, placement in this classification, along with inclusion under one of the other disability categories may combine to categorize the applicant disabled to the degree that a reserved parking zone is necessary. With respect to Therapeutic Classification E, the evaluator must bear in mind that persons who are confined to bed do not usually require the provision of special parking. Upon appeal however, special circumstances such as traffic or terrain problems may be brought to light which allow approval or reserved parking zones in such cases.

SECTION 8

Neurological Disabilities

This section is intended for those people who, because of impairment of the central nervous system, are disabled to the extent that their gait is radically altered resulting in severely restricted mobility.

Neurological Disorder: Damage to the central nervous system due to illness, accident, genetic or hereditary factors.

Note: Each of the factors above could cause a wide range of damage to the central nervous system resulting in anything from minor disability to total incapacitation. The evaluator must take care to detail the extent to which the applicant's mobility is impaired as a result of the resulting neurological disorder. The general rule for our purposes is if the applicant can walk one half of a city block without difficulty, he or she is not likely to require reserved residential parking.

SECTION 9

Other

Upon special request, consideration will be given to a disability which is not specifically included in the aforementioned criteria.



PERSON WITH DISABILITY PARKING PLACARD APPLICATION

NO FEE REQUIRED

SEE REVERSE SIDE FOR INSTRUCTIONS AND ELIGIBILITY REQUIREMENTS

(The space above is 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.

CHANGE OF NAME - Complete Sections A and E. Check here to indicate reason for change of name: Marriage Divorce Other: _____

A PERSON WITH DISABILITY 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
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Street Address	City	State	Zip Code
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Email Address

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).

Name of Parent, Person in Loco Parentis or Spouse	Relationship to Applicant
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Street Address	City	State	Zip Code
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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": (NOTE: Only those conditions listed on the reverse side of this application qualify an applicant for a person with disability placard.)	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/

Health Care Provider's Printed Name	Health Care Provider's Signature	Medical License No.
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Office Street Address	City	State	Zip Code	Telephone Number ()
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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
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Office Street Address	City	State	Zip Code	Telephone Number ()
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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, SINGLE NOTIFICATION, OR SUMMARY OF BENEFITS 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: _____
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Authorized Printed Name and Title: _____	Authorized Signature: _____
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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, Single Notification Letter, or Summary of Benefits Letter that indicates I have a 100% service-connected disability.

E UNSWORN DECLARATION AND APPLICANT SIGNATURE - Person with disability, natural parent or other authorized person listed in Section A must sign below.

I/We declare under penalty of perjury under the law of the Commonwealth of Pennsylvania, that the foregoing is true and correct, and that application was made for the above product or that the items as indicated were never received in the mail. Furthermore, 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 4904 (relating to unsworn falsification), which include criminal prosecution and a term of imprisonment, the maximum of which may be one year [18 Pa.C.S. 4904(b)], or up to two years[18 Pa.C.S. 4904(a)]. In addition to any other penalty, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000 [18 Pa.C.S. 4904(d)].

Signed on the _____ day of _____, _____ at _____
(county or other location, and state) _____ (country)

Printed Name of Person with Disability

Person with Disability/Loco Parentis Signature

Telephone Number

THIS APPLICATION MAY BE DUPLICATED

INSTRUCTIONS

1. Permanent Placard - Complete Sections A, B or C (NOT BOTH) and E. **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.).
2. Severely Disabled Veteran Placard - Complete Sections A, D and E.
3. Temporary Placard - Complete Sections A, B and E. **NOTE:** Only licensed health care providers* may certify disabilities for temporary placards. **Temporary placards may be issued for a period up to six months and may not be extended for an additional period of time.** When additional time is needed, a new application must be completed and certified by a health care provider. In addition, please list your previous placard number.
4. Renewal Request - Complete Sections A and E.
5. Replacement Request - Indicate if applying for a replacement placard or ID card. Please check reason for replacement; Lost, Stolen, Defaced or Never Received. List your previous placard number and complete Sections A and E. **NOTE: If product was not received within 90 days, please check the "Never Received" box or if product was not received for over 90 days please check the "Lost" box.**
6. Change of Address - Complete Sections A and E.
7. Change of Name - Complete Sections A and E. Check the block on the front of this application to indicate reason for change of name.

* **Health Care Provider is defined as a physician, chiropractor, optometrist, podiatrist, physician assistant, or a certified registered nurse practitioner licensed or certified in Pennsylvania or a contiguous state. Health care providers may only certify disabilities within their scope of practice.**

NOTE: Customers with a permanent placard have the option to renew their placard, request a replacement placard or change the address their placard online at <https://www.placard.penndot.pa.gov/PlacardWeb/public/external/placardLogin.xhtml> or scan the QR code on the front of this application.

Placard Type	Eligibility Requirements	Qualifying Vehicles	Benefits
Person with Disability Placard	<p style="text-align: center;">"Reason Codes"</p> <p>Applicant:</p> <p>(1) is blind.</p> <p>(2) does not have full use of an arm or both arms.</p> <p>(3) cannot walk 200 feet without stopping to rest.</p> <p>(4) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.</p> <p>(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.</p> <p>(6) uses portable oxygen.</p> <p>(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.</p> <p>(8) is severely limited in their ability to walk due to an arthritic, neurological or orthopedic condition.</p> <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), complete the appropriate information on the front side of this application.</p> <p>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 person with disability meets eligibility requirements (1) through (8).</p>	<p>(1) The placard is required to be displayed when the vehicle is parked in areas designated for use by persons with disability only and must not be displayed when the vehicle is being operated on the highway.</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 placard 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. c) 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. d) The number of placards required: (Organizations may not be issued more than eight placards in the organization's name.) 	<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>
Severely Disabled Veteran Placard	<p>(1) 100% service-connected disability certified by the U.S. Department of Veterans Affairs (Pittsburgh or Philadelphia) or service unit in which the veteran served or as shown on the applicant's Letter of Promulgation, Awards Letter, Single Notification Letter, or Summary of Benefits Letter.</p> <p>(2) Same disabilities as listed above for Person with Disability Placard but must be service-connected.</p>	Same as 1 and 2 above for Person with Disability Placard.	Same as above for Person with Disability Placard.

Use of Person with Disability and Severely Disabled Veteran Placards:

- . Parking in a designated persons with disability parking space is only permitted with this parking placard when the vehicle is being used for the transportation of the person for which the parking placard was issued.
- . Any vehicle lawfully displaying a parking placard will qualify for parking in areas designated only for use by persons with a disability. **NOTE:** This parking placard can not be used to park where parking is prohibited.

Send completed application to: PennDOT, Bureau of Motor Vehicles, P.O. Box 68268, Harrisburg, PA 17106-8268