



Pennsylvania
Department of Transportation

APPLICATION FOR ENROLLMENT/CHANGE IN TEMPORARY PLACARD PROGRAM FOR HEALTH CARE FACILITIES

(The space above is for Department use only)
Research & Support Operations Section • P.O. Box 68592 • Harrisburg, PA 17106-8592

This form is to be used by Health Care Facilities to enroll in Pennsylvania's Temporary Placard Program, and/or modify their account with PennDOT.

A Action Requested - To Be Completed by Health Care Facility				
This application is for (check one):		☐ Initial Enrollment in Temporary Placard Program - Complete Sections A, B, and D. ☐ Removal from Temporary Placard Program - Complete Sections A, B, and E. ☐ Change of Secure Location for Placards Only (New Photo Required) - Complete Sections A, B, and D. ☐ Change to Health Care Facility Information - Complete Sections A, B, C, and D.		
B Current Health Care Facility Information - To Be Completed By Health Care Facility (Complete All)				
Health Care Facility Name		Type of Facility		Site #
Mailing Address		City	State	Zip Code
Name of Program Coordinator (Please Print)	Prog. Coordinator's Telephone	Program Coordinator's Email	Date of Application	
C Change to Health Care Facility Information - To Be Completed By Health Care Facility (Only complete information that is changing.)				
Health Care Facility Name		Type of Facility		Site #
Mailing Address		City	State	Zip Code
Name of Program Coordinator (Please Print)	Prog. Coordinator's Telephone	Program Coordinator's Email	Date of Application	
D Program Requirements, Acknowledgement, Certification and Signature				
The participating Health Care Facility agrees to the following conditions and requirements: - Health Care Facility must complete and submit this application to the address at the top of this form. - Health Care Facilities requesting to participate in the program must complete a review process and training session scheduled by PennDOT once a completed application to participate is received. - Health Care Facility must have a locked/secured area to store unused Temporary Persons with Disability Parking Placards for issuance and provide a photograph of the secure location to PennDOT along with the completed Form MV-145P. - Health Care Facility must have a scanner and ability to email scanned forms and applications to PennDOT within 24 hours of issuance of the Temporary Persons with Disability Parking Placard. - Health Care Facility agrees to store placard inventory in the designated secured location and limit access to the person signing below. - Health Care Facility agrees to maintain and report inventory of placards to PennDOT on a monthly basis. - Health Care Facility agrees to return unused/expired placards to PennDOT upon expiration. - Health Care Facility agrees to provide PennDOT with scanned images of all completed temporary placard application within 24 hours of placard issuance. - Health Care Facility agrees to inform PennDOT of any changes to facility information, program coordinator information and employees who have authorized access to the temporary placards. By signing below, I certify that I am the designated program coordinator for the facility named above and I have read the information provided to me for participation in PennDOT's Temporary Person with Disability Parking Placard Issuance Program. I agree to comply with all requirements set forth by PennDOT to participate in this program. I further certify 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.				
_____ Printed Name		_____ Title		_____ Signature
E Removal from Temporary Placard Program				
I wish to be removed from the Temporary Placard Program for Health Care Facilities. Enclosed are the facility's unused placards along with this application for removal from the program. I further certify 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.				
_____ Printed Name		_____ Title		_____ Signature