

NEW TEMPORARY HANDICAP PLACARDS – EFFECTIVE AUGUST 1, 2013

IF YOU HAVE A HEART CONDITION, ARTHRITIS, OR ANY OTHER PERMANENT HEALTH CONDITION, YOU MUST APPLY TO THE SPECIAL PLATE UNIT OF THE NEW JERSEY DIVISION OF MOTOR VEHICLES FOR A PERMANENT PLACARD OR WHEELCHAIR SYMBOL LICENSE PLATE.

PLEASE NOTE: TEMPORARY HANDICAP PLACARDS CANNOT BE ISSUED WHILE WAITING FOR A PERMANENT PLACARD.

IF YOU QUALIFY FOR A TEMPORARY HANDICAP PLACARD:

Check "Initial Application" box for new placards. The applicant must fill out Section A of the application and sign Section C. The medical practitioner (doctor, physician assistant, or nurse practitioner) must then fill out Section B of the application. **NOTE: THE NATIONAL PROVIDER IDENTIFICATION NUMBER (NPI #) IS REQUIRED.**

*Once the application has been completed and signed, please call Lucy Bush at (908) 369-4323 Ext. 7626 to make arrangements to have the placard issued. The placards can be issued **Monday through Friday from 8:00 am to 4:30 pm.***

You will need to bring the following items with you to police headquarters:

- Completed Handicap Placard Application
- Driver's License
- **Check/money order in the amount of \$4.00** made payable to **NJ MVC (no cash)**

The handicap placard will be issued for a six month period.

EXTENSION

If the placard is required past the expiration date, an extension can be issued for an additional six months. **To obtain a six month extension, you must use a new application form, just check off the "Recertification Application" box.** Fill out the application as per the instructions above. **A \$4.00 CHECK IS NEEDED FOR A RENEWED/EXTENDED PLACARD**



Special Plate Unit
P.O. Box 015
Trenton, New Jersey 08666-0015
888-486-3339 (NJ Toll Free)
609-292-6500 (Out-of-State)

STATE OF NEW JERSEY

APPLICATION FOR TEMPORARY PLACARD

INITIAL APPLICATION RECERTIFICATION APPLICATION* \$4.00 fee (payable to NJ MVC) attached.

SECTION A: APPLICANT INFORMATION

Name of Applicant: _____ Temporary Placard No: _____ (for recertification*)
Street Address: _____
City, State, Zip Code: _____
Driver License Number: _____
Date of Birth: _____ Sex: _____ Eye Color: _____ Ht: _____ Wt: _____

SECTION B: MEDICAL PRACTITIONER'S CERTIFICATION

Name of Medical Practitioner: _____ Street Address: _____
City, State, Zip Code: _____ Telephone number: _____
National Provider Identification No. (NPI #): _____ (required)

By law, eligibility for a Temporary Placard is limited to persons who have temporarily lost the use of one or more limbs, are temporarily disabled so as to be unable to ambulate without the aid of an assisting device, or whose mobility is otherwise temporarily limited. (NO OTHER PERSON IS ELIGIBLE FOR A TEMPORARY PLACARD).

I certify, under penalty of law, that my patient (print name) _____ has been personally examined by me and meets the eligibility criteria as specified above and thus meets the requirements for the receipt of a Temporary Placard.

Signature of Medical Practitioner _____ Date _____

SECTION C: TERMS AND CONDITIONS

1. Pursuant to N.J.S.A. 2C:21-4(a), N.J.S.A. 2C:43-3, and N.J.S.A. 2C:43-6, making a false statement or providing misinformation on an application to obtain or facilitate the receipt of license plates or placards for persons with disabilities is a fourth degree crime and a person who has been convicted of this offense may be subject to pay a fine not to exceed \$10,000 and a term of imprisonment of up to 18 months.
2. The temporary placard must be displayed on the rearview mirror of the vehicle whenever such vehicle is parked in a designated wheelchair symbol parking space and must be removed when the vehicle is in motion.
3. The Motor Vehicle Commission requires the applicant to be recertified by a qualified medical practitioner to extend the temporary placard.*
4. Temporary placards are to be used exclusively for the person named on this application. The placard is nontransferable and will be revoked if used by any other person. If the temporary placard is no longer used by the person named on the application, it must be returned to the issuing Police Department.
5. * The temporary placard is valid for no longer than 6 months from the date of issue and can only be recertified once, for a period not to exceed 6 months.

BY SIGNING BELOW, I AGREE WITH THE TERMS AND CONDITIONS OF THIS APPLICATION.

Applicant's Signature: _____ Date: _____

FOR USE BY POLICE CHIEF

CHIEF SIGNATURE _____ MUNICIPALITY _____ FEE PAID

TEMPORARY PLACARD # _____ ISSUE DATE _____ EXPIRATION DATE _____