



Temporary Placard Application Instructions

Read completely!

1. Complete Section A.
2. Section B must be completed by your doctor.
3. Read, sign and date Section C.
4. Write your phone number on top of the application.
5. Return the application to headquarters, we will contact you by phone when the placard is ready to be picked up.

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** _____