



New Jersey Motor Vehicle Commission

Special Plate Unit
PO Box 015
Trenton, NJ 08666-0015
(888) 486-3339 (NJ toll-free)
(609) 292-6500 (Out of state)

I.D. Card No: _____ License Plate No: _____ Placard No: _____ Date Issued: _____
(FOR COMMISSION USE ONLY: DO NOT WRITE ABOVE THIS LINE)

APPLICATION FOR VEHICLE LICENSE PLATES AND/OR PLACARDS FOR PERSONS WITH DISABILITIES (PAGE 1 OF 2)

SECTION A: APPLICANT INFORMATION

THE APPLICANT MUST COMPLETE THIS SECTION **BEFORE** PHYSICIAN'S CERTIFICATION (SECTION B). TO AVOID DELAYS IN PROCESSING PLEASE **READ ALL INSTRUCTIONS CAREFULLY**, TYPE OR LEGIBLY PRINT ALL ENTRIES, AND VISIT ANY LOCAL MOTOR VEHICLE AGENCY WITH THE COMPLETED APPLICATION.

Name of Applicant: _____

Street Address: _____

NJ RESIDENTS ONLY

City, State, Zip Code: _____

NJ RESIDENTS ONLY

Applicant's Driver License Number: _____ **OR**

If Applicant **does not** have a current NJ Drivers License, please provide: Date of Birth: _____ Sex: _____ Eye Color: _____

Ht: _____ Wt: _____

I AM APPLYING FOR: LICENSE PLATES PLACARD (Complete Applicable Section Below)

Please Note: License plates and/or placards for eligible persons are issued with an Identification Card and are to be used exclusively for and by the person named on the Identification Card.

LICENSE PLATES: COMPLETE THIS SECTION IF APPLYING FOR LICENSE PLATES/ IDENTIFICATION CARD. WHEELCHAIR SYMBOL LICENSE PLATES MAY BE ISSUED FOR ONE VEHICLE OWNED, OPERATED OR LEASED BY A PERSON WITH DISABILITIES OR FAMILY MEMBER PROVIDING TRANSPORTATION FOR THAT PERSON. COMPLETE BELOW AND **SEND A PHOTOCOPY OF THE VEHICLE REGISTRATION:**

Registered Owner of Vehicle _____ Current Plate No. _____ Expires _____

Owners Driver License No. _____

Street Address _____ City, State, Zip Code _____

Relationship to the person with the disability: Self Parent Guardian Other _____

(Please Specify)

The license plates are to be used exclusively for the person named on the identification card. The identification card is **non-transferable and will be forfeited** if used by any other person. Abuse of this privilege is cause for revocation of both the license plates and identification card and possible criminal sanctions.

I CERTIFY, UNDER PENALTY OF LAW, THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE.

Registered Owner's Signature: _____

Applicant's Signature: _____ Date: _____

PLACARD: COMPLETE THIS SECTION IF APPLYING FOR A PLACARD/ IDENTIFICATION CARD

NEW REPLACEMENT (OLD PLACARD # _____ IF KNOWN. TO REPLACE PLACARD AND ID CARD, ATTACH NOTARIZED STATEMENT ATTESTING THAT BOTH ORIGINAL PLACARD AND ID CARD WERE LOST.)

The placard must be displayed on the rearview mirror of the vehicle whenever such vehicle is parked in a designated handicapped symbol parking space and **must be removed when the vehicle is in motion.**

The placard is for the exclusive use of the person named on the identification card. The identification card is **non-transferable and will be forfeited** if used by any other person. Abuse of this privilege is cause for revocation of the both the placard and identification card and possible criminal sanctions. The placard expires in three (3) years and must be renewed and that upon receipt of the renewal application, under law, the Motor Vehicle Commission may request recertifying qualifications from a physician.

I CERTIFY, UNDER PENALTY OF LAW, THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE.

Applicant's Signature: _____ Date: _____

APPLICATION FOR VEHICLE LICENSE PLATES AND/OR PLACARDS FOR PERSONS WITH DISABILITIES (PAGE 2 OF 2)

I.D. Card No: _____ License Plate No: _____ Placard No: _____ Date Issued: _____
(FOR COMMISSION USE ONLY: DO NOT WRITE ABOVE THIS LINE)

Applicant Name (print) _____

SECTION B: PHYSICIAN'S CERTIFICATION

THE FOLLOWING MUST BE COMPLETED AND CERTIFIED BY A MEDICAL DOCTOR, PODIATRIST OR CHIROPRACTOR WHO IS LICENSED TO PRACTICE IN NEW JERSEY (OR A BORDERING STATE):

By law, eligibility for license plates and/or placards for persons with disabilities is limited to the following conditions. (*NO OTHER PERSON IS ELIGIBLE FOR LICENSE PLATES OR PLACARDS*). Please check the most appropriate box/boxes.

The applicant:

- 1. Has lost the use of one or more limbs as a consequence of paralysis, amputation, or other permanent disability
- 2. Is severely and permanently disabled and cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.
- 3. Suffers from lung disease to such an extent that the applicant'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 sixth mm/hg on room air at rest; **or** uses portable oxygen.
- 4. Has a cardiac condition of the extent that the applicant's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- 5. Is severely and permanently limited in the ability to walk because of an arthritic, neurological, or orthopedic condition; **or** cannot walk two hundred feet without stopping to rest.
- 6. Has a permanent sight impairment of both eyes as certified by the N.J. Commission of the Blind (Placard only).

Under New Jersey law (N.J.S.A. 2C:21-4a), 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.

I certify and attest, under penalty of law, that _____ has appeared before me and meets the eligibility criteria as specified in box number(s) _____ (checked above) and thus meets the requirements for the receipt of license plates and/or placards for persons with disabilities.
(Print Applicant's Name)

Signature of Physician _____ Date _____

PLEASE TYPE OR PRINT: PHYSICIAN NAME, LICENSE NUMBER, ADDRESS AND TELEPHONE NUMBER

_____	_____
(Physician's Name)	(Date)

(License Number/State)	

(Street Address)	
_____	_____
(City, State and Zip)	(Telephone Number)

(Please Note: If the above information is not clearly legible it may result in delays in applicant receiving plates and/or placard).

IMPORTANT NOTICE

Plates must be renewed every year and placards must be renewed every three years. Upon receipt of an application for renewal the Motor Vehicle Commission may require the applicant to submit a statement from a physician recertifying his/her qualification as provided under N.J.A.C. 13:20-9.1(a) 4.