

**When filling out this form:**

All fields must be completed.

Your doctor must **stamp** the form.

Forms missing doctor's stamp will not be accepted.

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 \_\_\_\_\_