New Jersey Motor Vehicle Commission

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

License Plate No: ____________________ Placard No: ___________________ Date Issued: ________________ Employee's Initials: ______________

(FOR COMMISSION USE ONLY: DO NOT WRITE ABOVE THIS LINE)

APPLICATION FOR VEHICLE LICENSE PLATES AND/OR PLACARD FOR PERSONS WITH A DISABILITY

THIS IS MY: ☐ **INITIAL APPLICATION** ☐ **RECERTIFICATION APPLICATION** ☐ **REPLACEMENT APPLICATION**

I AM APPLYING FOR: ☐ **LICENSE PLATES** ☐ **PLACARD** ☐ **BOTH**

SECTION A: PERSON WITH A DISABILITY IDENTIFICATION CARD INFORMATION

Name of Person with a Disability: ____
Street Address: ____
City, State, Zip Code: ____
Driver's License Number: ______________________________ Expires ________________
Date of Birth: ________________ Sex: _______ Eye Color: ___________ Ht: ___________ Wt: ___________

☐ I acknowledge that I hold a Commercial Driver License (CDL) and that this application may result in a medical review which could result in a decision that may affect my New Jersey CDL privilege.

Current Plate Number: ________________ Current Placard Number: _______________ (for recertification applications)

SECTION B: WHEELCHAIR SYMBOL LICENSE PLATES (photocopy of registration required)

Registered Vehicle Owner's Name__________________________ Vehicle Plate No.______________ Expires________
Registered Vehicle Owner's Driver License Number________________________________ Expires ______________
Street Address____________________________________ City, State, Zip Code___________________________
Relationship to the Disabled Applicant: ☐ Spouse ☐ Parent ☐ Guardian ☐ Self ☐ Other (Please Specify) _______________

SECTION C: REPLACEMENT PLATES, PLACARD AND/OR IDENTIFICATION CARD

☐ LICENSE PLATES ☐ PLACARD ☐ IDENTIFICATION CARD

Vehicle Plate Number________________ Expires________ Placard Number________________ Expires_________

Check one:
- ☐ Lost– attach notarized statement of loss.
- ☐ Damaged – return (plate(s), placard and/or ID card).
- ☐ Stolen – plate(s), placard – attach police report.

SECTION D: CERTIFICATION OF STATEMENTS

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

Signature of Registered Vehicle Owner: ____ **Date:**___________

Signature of Person with a Disability: ____ **Date:** ___________

SECTION E – MEDICAL PRACTITIONER'S CERTIFICATION & SECTION F - TERMS AND CONDITIONS

(on page 2)

MUST BE COMPLETED FOR PROCESSING

APPLICATION FOR VEHICLE LICENSE PLATES AND/OR PLACARDS FOR PERSONS WITH A DISABILITY

SECTION E: MEDICAL PRACTITIONER'S CERTIFICATION

Name of Medical Practitioner: ____

Street Address: ____

City, State, Zip Code: ____ Telephone number: ________________________

National Provider Identification Number (NPI #): ____ **(required)**

Taxonomy Code: ____________________________________ **(required)**

☐**Required prescription attached.** ☐**Required letterhead attached (ONLY for medical practitioners who are not authorized to write prescriptions).**

By law, eligibility for license plates and/or a placard for persons with a disability is limited to the following conditions. *(NO OTHER PERSON IS ELIGIBLE FOR LICENSE PLATES AND/OR A PLACARD).*

Patient Name (print) ____

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 sixty mm/hg on room air at rest; **or** uses portable oxygen.
4. Has a cardiac condition to 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).

I CERTIFY, UNDER PENALTY OF LAW, THAT MY PATIENT (print name) ____ HAS BEEN PERSONALLY EXAMINED BY ME AND MEETS THE ELIGIBILITY CRITERIA AS SPECIFIED IN ITEM NUMBER(S) _______________ (select from above) AND THUS MEETS THE REQUIREMENTS FOR THE RECEIPT OF LICENSE PLATES AND/OR A PLACARD FOR PERSONS WITH A DISABILITY.

Signature of Medical Practitioner ____ Date_______________

SECTION F: 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. Wheelchair symbol license plates may be issued for one vehicle owned, operated or leased by a person with a disability or family member providing transportation for that person.
3. Wheelchair symbol license plates must be renewed every year, disability recertification is required every **three** years.
4. The 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.
5. Persons with a Disability Identification Cards and placards must be recertified every **three** years.
6. The Motor Vehicle Commission requires that the disability of a person with a disability be recertified by a qualified medical practitioner certifying their qualification as provided under N.J.A.C. 13:20-9.1(a) 4.
7. The Person with a Disability placard and /or license plates are to be used exclusively for a person with a disability named on the identification card. The identification card is nontransferable and shall be revoked if used by any other person. If the placard and/or license plates are no longer used by the person named on the identification card, they must be returned to the New Jersey Motor Vehicle Commission. Abuse of this privilege is cause for revocation of both the license plates and/or placard.

I CERTIFY, UNDER PENALTY OF LAW, THAT I AGREE WITH THE TERMS AND CONDITIONS OF THIS APPLICATION.

Signature of Registered Vehicle Owner:____Date:_______________

Signature of Person with a Disability: ______________________________ ___________________________Date: _______________