

**NJDOC RESTRICTED PARKING FORM FOR**  
**PERSONS WITH DISABILITIES**

Visitor Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Disabled Person Identification Card  
Number: \_\_\_\_\_

License Plate or Placard Number: \_\_\_\_\_

Temporary: \_\_\_\_\_ Time period: \_\_\_\_\_

Permanent: \_\_\_\_\_

*(Please attach to this form a copy of the Identification Card and placard).*

Visitor's Signature: \_\_\_\_\_

Date: