



Application for Vehicle License Plates and/or Placard for Persons with a Disability



Management Operation Services
Special Plate Unit
225 East State Street
P.O. Box 015
Trenton, NJ 08666
609-633-8857

This is my: Initial Application Recertification Application Replacement Application

I am applying for: License Plates Placard Both

SECTION A: PERSONS WITH A DISABILITY IDENTIFICATION CARD INFORMATION				
Name of Person with a Disability				
Street Address			City, State, Zip Code	
Driver License Number			Expiration Date	
Date of Birth	Sex	Eye Color	Height	Weight
Daytime Telephone Number				

I acknowledge that I hold a Commercial Driver License (CDL) and that this application may result in a medical review that 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 Number	Expiration Date
Registered Vehicle Owner's Driver License Number	Expiration Date	
Street Address	City, State, Zip Code	

Relationship to the Disabled Applicant: Self Spouse Parent Guardian Other (Please Specify): _____

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

License Plates Placard Identification Card

Vehicle Plate Number	Expiration Date
Placard Number	Expiration Date

Check One: Lost – attach a notarized statement of loss.
 Damaged – return plate(s), placard, and/or both
 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: _____



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SECTION E: MEDICAL PRACTITIONER OR DISABLED VETERAN CERTIFICATION	
Name of Medical Practitioner or Representative of the U.S.D.V.A.	Telephone Number
Street Address	City, State, Zip Code

Applicant must attach a certification statement on either a prescription or on the certifying medical practitioner's official letterhead, certifying to the applicant's qualifying disability. Certification shall include the practitioner's professional identification information, pursuant to N.J.A.C. 13:20-9.1(a)(4).

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 (please print): _____

1. The patient has lost 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 a 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 NJ Commission for the Blind (Placard only).
7. Is a veteran who is certified by the U.S.D.V.A. as being permanently 100 percent disabled, pursuant to N.J.S.A. 39:4-204 and 39:4-205.

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: _____

OR

Signature of the Representative of the U.S.D.V.A. (limited to condition 7 above): _____

SECTION F: TERMS AND CONDITIONS

1. Pursuant of 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 rear view 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 Card and placards must be re-certified/renewed every **three** years.
6. The Motor Vehicle Commission requires that a person's disability be re-certified by a qualified medical practitioner and their qualification for license plates/placard as provided under N.J.A.C. 13:20-9.1(a) 4.
7. The Persons 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 license plate and/or placard 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 the placard.
8. Application for a Persons with a Disability Identification Card shall be submitted to the Motor Vehicle Commission not more than 60 days following the date upon which a medical professional or representative of the United States Department of Veterans Affairs certifies that the applicant meets the definition of "persons with a disability."

I CERTIFY, UNDER THE 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: _____



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