

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

APPLICATION FOR TEMPORARY PLACARD

□INIT	IAL APPLICATION	RECERT	TIFICATION A	PPLICATIO	N*	\$4.00 fee (paya	able to NJ MVC) attached.	
SECTION	ON A: APPLICANT I	NFORMATIO	N					
	Name of Applicant: Street Address: City, State, Zip Code: Driver License Numbe Date of Birth:						(for recertification*)	
SECTI	ON B: MEDICAL PRA							
	Name of Medical Practitioner:				Street Address:Telephone number:(required)			
	City, State, Zip Code:				(required)			
	National Provider ider	itification No. (NP1 #):			(required)		
	By law, eligibility for temporarily disabled s temporarily limited. (A	as to be unab	le to ambulate w	ithout the aid	of an assistin	g device, or whos	of one or more limbs, are e mobility is otherwise	
	Leastify under pena	ty of law that	my patient (pri	int name)			has been	
	personally examined receipt of a Tempora	by me and me	eets the eligibili	ty criteria as	specified abo	ove and thus mee	ets the requirements for the	
	Signature of Medical	Practitioner_					Date	
SECT	ION C: TERMS AND	CONDITIONS	<u>S</u>					
1. 2. 3. 4.	an application to obtate a person who has been up to 18 months. The temporary placare wheelchair symbol particle Complete Motor Vehicle	in or facilitate to convicted of the con	he receipt of lice his offense may ayed on the reard must be removalires the applicant sclusively for the If the temporary ment.	ense plates or be subject to view mirror o ed when the v nt to be recert e person name placard is no	placards for p pay a fine not f the vehicle we wehicle is in m ified by a qua- ed on this app bolonger used to	persons with disable to exceed \$10,00 whenever such velocition. Illified medical practication. The place by the person name	nt or providing misinformation on illities is a fourth degree crime and 00 and a term of imprisonment of thicle is parked in a designated actitioner to extend the temporary ard is nontransferable and will be ned on the application, it must be be recertified once, for a period	
BY SI	GNING BELOW, I AG	REE WITH TH	IE TERMS ANI	CONDITIO	NS OF THIS	APPLICATION.		
	Applicant's Signatu	re:	ale or simultaneous spices			Date: _		
			FOR U	SE BY POL	ICE CHIEF			
CHIEF SIGNATUREMUN			NICIPALIT	Υ		□ FEE PAID		
TEM		#	ISSU	E DATE		EXPIRATIO	N DATE	