

## INSTRUCTIONAL CHECKLIST

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

**PLEASE READ THESE INSTRUCTIONS CAREFULLY WHILE COMPLETING YOUR APPLICATION FORM. IF THE APPLICATION IS NOT FULLY COMPLETED, ACCURATE AND/OR LEGIBLE IT MAY CAUSE DELAYS IN RECEIVING YOUR PLATES AND/OR PLACARD.**

- CLEARLY INDICATE IF THE APPLICATION IS:  
INITIAL (FIRST TIME), RECERTIFICATION OR REPLACEMENT (PROPER BOX MUST BE CHECKED).**

**INITIAL APPLICATION (FIRST TIME):** The application process begins with the initial application, which is the same for either license plates and/or a placard. A "Person with a Disability Identification Card" is issued with the license plates and placard. This ID card must be carried by the person with a disability in conjunction with the use of the license plates/placard.

**RECERTIFICATION APPLICATION:** Medical recertification is required every three years. Persons with a disability will be required to provide a qualified medical practitioner's certification indicating that the qualifying medical condition still exists in order to renew the plates and/or receive a new placard and a new Person with a Disability Identification Card.

**REPLACEMENT APPLICATION:** In the event that your plates and/or placard are lost, stolen or damaged, a replacement application is required. Notarized statements may be required to obtain new plates and/or a placard depending on the circumstance.

- CLEARLY INDICATE IF YOU ARE APPLYING FOR:  
LICENSE PLATES, A PLACARD OR BOTH (PROPER BOX MUST BE CHECKED).**

**LICENSE PLATES:** Wheelchair symbol license plates are renewed every year as part of the normal registration renewal process. In order to retain the plates, a medical recertification is required every three years. However, if the holder of the "Person with a Disability Identification Card" for whom the license plates were issued no longer qualifies for the license plates, it is the responsibility of the owner of the vehicle to surrender the wheelchair symbol license plates and apply for a new set of regular license plates at any MVC Agency.

**PLACARD:** A placard, in conjunction with the identification card, can be used in any vehicle you ride in, whether or not you own the vehicle. The placard authorizes the driver of the vehicle to park in designated wheelchair symbol parking spaces when the individual designated on the identification card is either driving or a passenger in the vehicle. Since the placard is transferable from vehicle to vehicle, only one placard will be issued to each qualified applicant. There is no charge for the placard.

#### **SECTION A: PERSON WITH A DISABILITY IDENTIFICATION CARD INFORMATION**

- PROVIDE APPLICANT INFORMATION FOR THE PERSON WITH A DISABILITY (DRIVER LICENSE NUMBER, EXPIRATION DATE, DOB, SEX, EYES, HEIGHT AND WEIGHT).**
- COMMERCIAL DRIVER LICENSE (CDL) HOLDERS MUST ACKNOWLEDGE POSSIBLE MEDICAL REVIEW (BOX MUST BE CHECKED).**
- PROVIDE PLACARD NUMBER AND/OR LICENSE PLATE NUMBER FOR RECERTIFICATION AND REPLACEMENT APPLICATIONS.**

**IDENTIFICATION CARD:** A "Person with a Disability Identification Card" is issued with either the license plates and/or a placard and is valid as long as the person continues to be recertified. When using either the license plates or placard to park in designated wheelchair symbol parking spaces, you must have your identification card with you. The ID card is non-transferable and will be forfeited if presented by any other person.

**ELIGIBILITY:** Any person who has lost the use of one or more limbs, or is permanently disabled and cannot move about without

the aid of an assisting device or whose mobility is otherwise limited as listed on the application and certified by a medical practitioner, or has a condition that otherwise falls under one of the six (6) categories listed on the application, is eligible for wheelchair symbol license plates and/or a placard for special parking privileges.

**SECTION B: WHEELCHAIR SYMBOL LICENSE PLATES**

- A LEGIBLE COPY OF THE CURRENT, VALID VEHICLE REGISTRATION MUST BE ATTACHED TO THE APPLICATION.**
- THE RELATIONSHIP OF VEHICLE OWNER TO THE PERSON WITH A DISABILITY MUST BE CLEARLY INDICATED (BOX MUST BE CHECKED).**
- THE VEHICLE MUST NOT BE REGISTERED TO A BUSINESS/COMPANY, ORGANIZATION OR GROUP.**

**LICENSE PLATES:** Wheelchair symbol license plates may be issued to only one motor vehicle owned, operated, or leased by a person with a disability or owned by a family member who provides transportation for that person. The vehicle can only park in designated wheelchair symbol parking spaces when the individual designated on the identification card is either driving or a passenger in the vehicle. There is no additional charge for the wheelchair symbol license plates beyond the normal cost for regular plates. Wheelchair symbol license plates cannot be issued for vehicles owned by, or leased to, companies, organizations or groups. Be certain that you enclose a photocopy of the current (valid) vehicle registration with your application. Failure to submit a legible copy will cause delays in receiving your plates.

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

- PROVIDE THE VEHICLE PLATE NUMBER AND/OR PLACARD NUMBER.**
- CLEARLY INDICATE LOST, DAMAGED OR STOLEN (BOX MUST BE CHECKED).**
- PROVIDE A NOTARIZED STATEMENT AND/OR A COPY OF THE POLICE REPORT (WHICHEVER IS APPLICABLE).**
- RETURN THE DAMAGED OR REMAINING ITEMS (WHICHEVER IS APPLICABLE).**

If you cannot go to an MVC Agency, mail your original "Person with a Disability Identification Card" and either the damaged placard or plate, police report, or notarized statement attesting to the loss or theft of the placard/plate to:

Motor Vehicle  
Commission Special Plate  
Unit  
PO Box 015  
Trenton, NJ 08666-0015

**REPLACEMENT IDENTIFICATION CARD:** You can go into any MVC Agency to acquire an ID replacement card. Bring your placard and/or vehicle registration with you. There is no fee for a replacement Person with a Disability Identification Card. Remember, it is important to always have a current identification card in your possession if you wish to utilize designated wheelchair symbol parking spaces using either a placard or plates.

**REPLACEMENT PLACARD:** Damaged, stolen, or lost placards may be replaced by visiting any MVC Agency. If your placard is damaged, bring the damaged placard and your original "Person with a Disability Identification Card." If your placard is lost, bring your original "Person with a Disability Identification Card." If your placard was stolen, bring your original "Person with a Disability Identification Card" and a copy of your police report. There is no fee for a replacement placard. If both the Person with a Disability Identification Card and placard are lost or stolen, but not yet expired, it may be possible to reissue a new placard and identification card, if you have a driver license or other form of identification and a notarized statement or police report attesting to the loss or theft of the identification card and placard.

**REPLACEMENT PLATES:** Damaged, stolen, or lost wheelchair symbol plates may be replaced by visiting any MVC agency. A notarized statement from the vehicle owner, if not the person with a disability, is required to obtain replacement plates. In addition, the person with a disability must bring the original "Person with a Disability Identification Card." If one or both plates were stolen, a police report is also required. If one plate is lost or stolen, the remaining plate must be surrendered at the MVC agency. If one or both plates are damaged, both plates must be surrendered.

**SECTION D: CERTIFICATION OF STATEMENTS**

- THE REGISTERED VEHICLE OWNER MUST SIGN AND DATE THE APPLICATION FOR WHEELCHAIR SYMBOL LICENSE PLATES FOR IT TO BE PROCESSED.**
- THE PERSON WITH A DISABILITY MUST SIGN AND DATE THE APPLICATION FOR IT TO BE PROCESSED.**

It is important for you to know that 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.

### **SECTION E: MEDICAL PRACTITIONER'S CERTIFICATION**

- THE APPROPRIATE ITEM NUMBER (1-6) INDICATING THE QUALIFYING DISABILITY MUST BE WRITTEN IN. THE REQUIRED PRESCRIPTION OR THE REQUIRED LETTER MUST BE ATTACHED (ORIGINALS ONLY, NO PHOTOCOPIES WILL BE ACCEPTED).**
- MEDICAL PRACTITIONER MUST SIGN AND DATE THE APPLICATION (DATE MUST BE WITHIN 60 DAYS OF SUBMITTING THE APPLICATION).**

A medical practitioner's certification is required as part of the initial and recertification application process. The Motor Vehicle Commission requires your medical practitioner to certify that you meet the eligibility criteria for the Person with a Disability identification card, placard and/or license plates. This certification requires a prescription from the medical practitioner for your condition. If your medical practitioner is not authorized to write prescriptions they are required to write a letter containing the same information that would appear on a script for your condition. Certifications can only be authorized by the following medical practitioners: a physician, podiatrist, chiropractic physician, physician assistant or nurse practitioner licensed to practice in this state or a bordering state or a physician stationed at a military or naval installation located in this State who is licensed to practice in any state.

### **SECTION F: TERMS AND CONDITIONS**

- READ STATEMENTS 1 THRU 7 ON THE APPLICATION AND UNDERSTAND THAT 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.**
- THE MEDICAL PRACTITIONER'S CERTIFICATION MUST BE DATED WITHIN 60 DAYS OF THE APPLICATION SUBMISSION.**
- THE REGISTERED VEHICLE OWNER MUST SIGN AND DATE THE APPLICATION FOR WHEELCHAIR SYMBOL LICENSE PLATES FOR IT TO BE PROCESSED.**
- THE PERSON WITH A DISABILITY MUST SIGN AND DATE THE APPLICATION FOR IT TO BE PROCESSED.**

### **FREQUENTLY ASKED QUESTIONS**

**My spouse (or other qualified disabled individual) cannot complete the application and/or is unable travel to an Agency to file an application. Can someone else complete and deliver the application for them?**

Yes, the application can be completed by another individual *but the form must be signed by the applicant. (If the applicant cannot sign the form, a Power of Attorney must be included with the application package).* A third party may bring the application to any local MVC agency for same day processing as long as the individual has proper identification and a notarized statement from the person with a disability giving them permission to act on his/her behalf.

**I have more than one vehicle that I drive. Can I get two sets of plates or two placards?**

No. You may have one set of plates or one placard or both depending on your individual needs. This provision of the regulation is based on the fact that the placard can be used in any vehicle in which you are the driver/passenger as long as you have your "Person with a Disability Identification Card" with you.

**If I mail in my application, how long must I wait for my placard/plates to arrive?**

Generally, MVC requires 4-6 weeks to issue plates and placards. Additional time should be allowed for mailing. A checklist is provided with the application form and instructions to help ensure that the form is completed accurately. Using the checklist will help avoid delays in processing.



# 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  
609-292-6500 ext. 5061

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



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

- Required prescription attached     Required letterhead attached (ONLY for medical practitioners who are not authorized to write prescriptions OR a representative of the U.S.D.V.A.)

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. 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 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).

**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 Representative of the U.S.D.V.A.: \_\_\_\_\_

SECTION F: TERMS AND CONDITIONS
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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 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 Card and placards must be recertified every **three** years.
6. The Motor Vehicle Commission requires that a person's disability be recertified 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 is 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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