

## 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 APPLICATIONI 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: Ranjoo Prasad, MD  
Street Address: 3615 Chestnut St.  
City, State, Zip Code: Philadelphia PA 19104 Telephone number: 215 662 2600  
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) 6 (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: \_\_\_\_\_