



RICHARD S. GOLDBERG
Mayor



Department of Public Safety
Bureau of Police

Borough of Hawthorne, County of Passaic
445 Lafayette Avenue, Hawthorne, New Jersey 07506

RICHARD M. McAULIFFE
CHIEF OF POLICE

OFFICE OF THE CHIEF
973-427-1800

Temporary parking placards

- Temp Placard Application

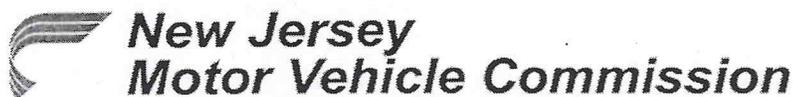
Temporary placards are issued for six months, with one six-month renewal allowed.

To apply for a temporary parking placard you must:

1. Download and complete the Temporary Placard Application or visit a local, municipal police department to obtain the application.
2. Have a qualified medical practitioner certify that you are qualified for a temporary placard
3. Submit the completed application to a municipal police department with a check or money order made payable to MVC in the amount of \$4.00.
4. After review and upon approval by the municipal Chief of Police, their department will issue your temporary placard.

TEMPORARY PLACARD APPLICATIONS MUST BE SUBMITTED IN PERSON TO A MUNICIPAL CHIEF OF POLICE.

DO NOT SUBMIT the payment or the completed application to the MVC.



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

INITIAL APPLICATION RECERTIFICATION APPLICATION* \$4.00 fee (payable to NJ MVC) attached.

SECTION A: APPLICANT INFORMATION

Name of Applicant: _____ Temporary Placard No: _____ (for recertification*)
Street Address: _____
City, State, Zip Code: _____
Driver License Number: _____
Date of Birth: _____ Sex: _____ Eye Color: _____ Ht: _____ Wt: _____

SECTION B: MEDICAL PRACTITIONER'S CERTIFICATION

Name of Medical Practitioner: _____ Street Address: _____
City, State, Zip Code: _____ Telephone number: _____
National Provider Identification No. (NPI #): _____ (required)

By law, eligibility for a Temporary Placard is limited to persons who have temporarily lost the use of one or more limbs, are temporarily disabled so as to be unable to ambulate without the aid of an assisting device, or whose mobility is otherwise temporarily limited. (NO OTHER PERSON IS ELIGIBLE FOR A TEMPORARY PLACARD).

I certify, under penalty of law, that my patient (print name) _____ has been personally examined by me and meets the eligibility criteria as specified above and thus meets the requirements for the receipt of a Temporary Placard.

Signature of Medical Practitioner _____ Date _____

SECTION C: 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. The temporary 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.
3. The Motor Vehicle Commission requires the applicant to be recertified by a qualified medical practitioner to extend the temporary placard.*
4. Temporary placards are to be used exclusively for the person named on this application. The placard is nontransferable and will be revoked if used by any other person. If the temporary placard is no longer used by the person named on the application, it must be returned to the issuing Police Department.
5. * The temporary placard is valid for no longer than 6 months from the date of issue and **can only be recertified once**, for a period not to exceed 6 months.

BY SIGNING BELOW, I AGREE WITH THE TERMS AND CONDITIONS OF THIS APPLICATION.

Applicant's Signature: _____ Date: _____

FOR USE BY POLICE CHIEF

CHIEF SIGNATURE _____ MUNICIPALITY _____ FEE PAID
TEMPORARY PLACARD # _____ ISSUE DATE _____ EXPIRATION DATE _____