

Borough of Bergenfield
Police Department
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Bergenfield, New Jersey
07621



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Mustafa Rabboh
Chief-of-Police

Temporary Placard Application for Persons with a Disability

Attached please find a New Jersey Motor Vehicle Commission Application for a Temporary Handicapped Placard.

Please be advised that the following materials must be submitted by Township residents to the Bergenfield Police Department for issuance of a Temporary Handicapped Placard:

1. **Application** – must be completed and executed by you and certified by your physician that your disability is temporary.
2. **Check** – in the amount of \$4.00 payable to “New Jersey Motor Vehicle Commission” (NJMVC)
3. **Identification** – a copy of the APPLICANT’S valid NJ Driver’s License.

Temporary Placards are issued between the hours of 8:30am and 4:00pm Monday through Friday.

Applications for Temporary and Permanent Placards are available 24 hours at the Bergenfield Police Department and NJMVC Website.

Please be further advised that if you already have submitted an application for a Permanent Placard to the New Jersey Motor Vehicle Commission, your application for a Temporary Placard cannot be accepted.

If you should need further assistance, please do not hesitate to contact us at (201)-387-4000

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 _____