



# Bound Brook Police Department

226 Hamilton Street  
Bound Brook, NJ 08805  
Phone: (732) 356-0800 Fax: (732) 563-0320



Richard S. Colombaroni  
Chief of Police

Capt. Jason R. Gianotto

On August 1, 2013 the new Persons with Disability law concerning the issuance, qualifications, and style of the temporary placard became effective.

As in the past the temporary placards are **Only Valid for a Six Months Period**. The person with the disability may be recertified by their qualified medical practitioner for an additional 6-month period (**limit to one time**). Such recertification would require a new placard to be issued with a new expiration date. The qualified medical practitioner's certification must be dated within 60 days of the application being submitted. Upon expiration of the privileges, a person must re-submit an application and all supporting documentation directly to the Motor Vehicle Commission, this includes a new medical certification from a qualified medical practitioner that the qualifying disability continues to exist.

Also, effective August 1, 2013, New Jersey State law has been amended to require that the unique parking privileges of person with a disability, issued directly through NJ-DMV, will expire every three (3) years, after (3) years you must renew your disability Parking privileges. You can find more information on their website at:  
<http://www.state.nj.us/mvc/Vehicle/HandicappedPlates.htm>

## **Initial Application check list:**

- Check appropriate box on the application to indicate this in an Initial Application
- Complete Application Section A
- Have your Qualified Medical Practitioner complete Section B
- Sign the application and return it to the Bound Brook Police Department
- Bring a personal check or money order for **\$4.00** payable to "NJ MVC"

- **WE CAN NOT ACCEPT CASH**

## **Application for Recertification**

*There is no fee to renew your placard!* A new placard will be issued for an additional 6-month period (limited to one time).

- Bring in your current/expired Placard and complete a new application
- Check appropriate box on the application to indicate this is a recertification
- Complete Application Section A
- Have your Qualified Medical Practitioner complete Section B
- Sign the application and return it to the Bound Brook Police Department

**Please write a daytime phone number at the top of your application** enabling us to contact you when the placard is ready to be picked up.

All placards must be signed by the Chief of Police. We will make every effort to issue your placard within three business days once the check and application are received.

If you have any questions, please contact Records at 732-356-0800 ext. 623.

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** \_\_\_\_\_