

MIDDLE TOWNSHIP POLICE DEPARTMENT

31 Mechanic Street, Cape May Court House, New Jersey 08210



Christopher Leusner
Chief of Police

William Adams
Captain
Operations

Donald Nelson
Captain
Administration

Robert Shepherd
Lieutenant
Operations

James Loftus
Lieutenant
Administration

Douglas Osmundsen
Lieutenant
Administration

Clinton Stocker
Detective Sergeant
Major Crimes Unit

Kenneth Martin
Sergeant
Street Crimes Unit

Mark Higginbottom
Sergeant
Special Services Unit

Communications:
609 465-8700
Fax: 465-6748

Records:
609-465-8712
Fax: 465-4121

Major Crimes Unit:
609-465-8704
Fax: 465-9407

Administration
609-465-6645
Fax: 465-9407

APPLICATION FOR TEMPORARY HANDICAPPED PLACARD

Motor Vehicle Law 39:4-204 thru 207 states:

The Chief of Police of each municipality in this State shall issue to any person who has temporarily lost the use of one or more limbs or is temporarily disabled as to be unable to ambulate without the aid of an assisting device or whose mobility is otherwise temporarily limited as certified by a physician, podiatrist or chiropractor...a temporary placard. A temporary placard may, however, be renewed one time at the discretion of the issuing authority for a period of not more than 6 months duration. The placard shall be displayed on the motor vehicle used by the temporarily handicapped person. A vehicle which has displayed placard is allowed to park overtime or in a designated handicapped parking space.



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 _____