DEAN M. PINTO
CHIEF OF POLICE

151 WEST PASSAIC STREET
ROCHELLE PARK, NEW JERSEY 07662
(201) 843-1515
FAX (201)843-5422

DEPARTMENT OF
POLICE
ROCHELLE PARK

BERGEN COUNTY, NEW JERSEY

TEMPORARY HANDICAP PLACARD INSTRUCTIONS

Dear Resident/Applicant,

Effective September 1, 2026, Temporary Handicap Placards can only be obtained through appointment with the Chief's Administrative Assistant, Monday through Friday, (excluding holidays), 7:30a.m. – 2:45p.m.

1. Please complete "SECTION A: APPLICANT INFORMATION" on the top portion of the application and sign and date at the bottom where it states, "Applicants Signature". Applications can also be downloaded from: https://www.nj.gov/mvc/pdf/vehicles/SP-68.pdf

2. Have "SECTION B; MEDICAL PRACTITIONERS CERTIFICATION" completed by a licensed medical doctor, podiatrist, chiropractor, physician assistant or nurse practitioner.

3. Contact the Chief's Administrative Assistant at 201-587-7730 ext. 4090 to make an appointment to drop off the form(s), a $4.00 check or money order payable to "NJ MVC". Affix proper postage onto the envelope, however, **DO NOT** seal the application in the envelope. (The application needs to be reviewed by the Administrative Assistant or police officer).

4. These items are returned to the Chief's Administrative Assistant for processing. The permit will then be issued in a timely manner and will be valid for a **Six (6) Month** duration.

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If you need an additional 6-month period, you must:

- Call 201-587-7730 ext. 4090 to make an appointment with the Chief's Administrative Assistant, Monday through Friday (excluding holidays) 7:30a.m. – 2:45p.m.
- Surrender your original placard.
- An additional application needs to be completed by the applicant and applicant's doctor. **(Please check off recertification.)**
- A prescription from the applicant's doctor.
- An additional check for $4 made payable to "NJMVC." (NO CASH) and proper postage onto the envelope. DO NOT SEAL the application in the envelope.
- These items are then returned to the Chief's Administrative Assistant for processing. The new permit will be issued in a timely manner.

APPLICATION FOR TEMPORARY PLACARD

New Jersey Motor Vehicle Commission

☐ **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_____

DRIVING NJ FORWARD

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New Jersey is an Equal Opportunity Employer