

MVC  
USE

Placard Number:

Date Issued:

Employee Initials:



# New Jersey Motor Vehicle Commission

State of New Jersey  
Special Plate Unit  
225 E. State Street  
P.O. Box 015  
Trenton, New Jersey 08666-0015

609-292-6500 ext 5061

## APPLICATION FOR NURSING HOME RESIDENT PARKING PLACARD

### INSTRUCTIONS - PLEASE READ CAREFULLY

- Print clearly or type. Enter vehicle description EXACTLY as it appears on the vehicle registration.
- Enclose a photocopy of the current vehicle registration certificate.
- Nursing home owner or operator must sign application.

Issuance of this placard is limited to a nursing home owner or operator for use in a vehicle owned or operated by the nursing home when the vehicle is used to transport nursing home residents with disabilities. A photocopy of your "Certificate to Operate a Nursing Home", issued by the Department of Health, must accompany this application. There is no charge for the placard.

OWNER/OPERATOR DRIVER LICENSE NUMBER \_\_\_\_\_

NAME OF OWNER/OPERATOR \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_ EXPIRES \_\_\_\_\_

NURSING HOME CORPCODE NUMBER \_\_\_\_\_

NAME OF NURSING HOME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

NURSING HOME TELEPHONE NUMBER \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_ TYPE \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_

PRINT NAME OF NURSING HOME OWNER/OPERATOR \_\_\_\_\_

SIGNATURE OF NURSING HOME OWNER/OPERATOR \_\_\_\_\_

DATE \_\_\_\_\_