

State of New Jersey
 Department of Community Affairs
 Division of Fire Safety
 Contractor Certification and Emblems Unit
 P.O. Box 809
 Trenton, NJ 08625-0809
 Phone: (609) 777-3552

Disability and Oxygen Emblem Application



For Official Use Only:

A. Application

NEW UPDATED

Accepted Date Received: _____

Rejected Muni Code: _____

B. Name of Applicant (Last, First, Middle Initial)

Applicant Mailing Address :

Applicant Telephone #: _____

Applicant Date of Birth: _____

APPLICANT PHYSICIAN INFORMATION

1. Name of Physician (Last, First, Middle Initial)

2. Physician's Physical Mailing Address:

3. Physician's Telephone: _____

4. Physician's Signature & Date:

C. Name of Co-Applicant (Last, First, Middle Initial):

Co-Applicant's Mailing Address:

Co-Applicant's Telephone #: _____

Co-Applicant's Date of Birth: _____

Type of Emblem Requested

5" or 7" Inside Glass Mount

5" or 7" Outside Glass Mount

APPLICANT MEDICAL INFORMATION

Does Applicant have a Current Handicap Parking Place Card?

Yes No Expiration Date: _____

Please check below which best describes disability:

Severely or Permanently Disabled

Must use device for assistance

Cane

Crutch

Wheelchair

Prosthetic Device

Other Person

Explain): _____

Deaf

Hard of Hearing

Permanent Sight Impairment*

* As defined by the New Jersey Commission for the blind

Ability to walk is severely limited to:

Arthritic Condition

Neurological Condition

Orthopedic Condition

Oxygen (Tank or Oxygen Delivery System)

Lung Disease

Cardiac Condition with class III Limitation**

Cardiac Condition with class IV Limitations*

* As defined by the American Heart Association

APPLICATION MUST BE REVIEWED EVERY TWO YEARS

Visit our Website: <http://www.nj.gov/dca/divisions/dfs>

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____