

**Instructions – Please read carefully**

- Type or print clearly.
- Attach a photocopy of the home care service agency license.
- Attach photocopies of valid driver licenses of home care service employees, for all transaction types.
- Enclose a check or money order for the total of all placards requested. Placards cost \$50 each and a \$20 renewal fee every two years. Check or money order should be made payable to: **NJMVC**.
- Home care service agency account representative must sign this application.
- Mail completed application, check or money order, and all supporting documents to:

**NJMVC**  
**Business License Services**  
**Home Care Service Agency Applications**  
**P.O. Box 170**  
**Trenton, NJ 08666-0170**

Issuance of a placard is limited to use in a vehicle operated by a home care service employee while rendering health or personal care services or while traveling to render health or personal care services. Pursuant to N.J.S.A. 39:4-207.11, a home care service employee is defined as a nurse, nurse aid, homemaker-home health aide, personal care assistant, physical therapist, occupational therapist, speech-language pathologist, social worker, or hospice care worker.

**Step 1: Enter Business Information**

Home Care Service Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Care Service Agency Telephone Number: \_\_\_\_\_

Home Care Service Agency Email Address: \_\_\_\_\_

Home Care Service Agency MVC-Issued Entity Identification Number (MVC EIN): \_\_\_\_\_

\* If your agency has not previously applied for an MVC EIN, please complete and attach an EIN Application (form BA-8) to this application with supporting documentations.

**Step 2: Select Transaction Type(s) and Complete Information on Page 2**

**New Applications or Additional Placards**

- Number of placards requested: \_\_\_\_\_
- List the employees' names and driver license numbers on page 2.  
\* Photocopies of valid driver licenses of home care service employees for whom placards are being requested **MUST** be attached to this application.

**Placard Renewals**

- Number of renewals requested: \_\_\_\_\_
- List the employees' names, driver license numbers, and corresponding placard numbers you are renewing on page 2.  
\* Photocopies of valid driver licenses of home care service employees for whom placards are being requested **MUST** be attached to this application.

**Step 3: Print and Sign Application**

Print Name of Home Care Service Agency Account Representative: \_\_\_\_\_

Signature of Home Care Service Agency Account Representative: \_\_\_\_\_ Date: \_\_\_\_\_

FOR MVC USE ONLY:			
TX/OK	Date Issued:	Expiration Date:	Employee Initials:

Date \_\_\_\_\_

Approved  Denied

