

Autism Spectrum/Communication Disorder Designation Application



INSTRUCTIONS

Complete this self-attestation form and present it at an NJMVC Licensing Service Center along with 6 points of ID to add or remove an Autism Spectrum Disorder and/or Communication Disorder Designation. Please indicate below which disorder designation type you are applying for:

REMOVE: ADD:

Autism Spectrum Disorder	Autism Spectrum Disorder Communication Disorder Both Designations		
Communication Disorder			
Both Designations			
REQ	UESTOR'S INFORMATION		
Please	clearly print or type all information		
Name (First, Middle, Last)			
Driver License or Non-Driver Identification Number	Telephone Number		
Address	City	State	Zip Code
I am voluntarily requesting that the Motor Vehicle Commis	sion add the designation indicated a	above to my New Jersey driv	er license or
non-driver identification card. I am aware that upon the ne	ed to remove the designation from r	ny driver license or non-drive	er identification
card record, I must surrender the designation card to the M	Motor Vehicle Commission. I am aw	are that the designation of A	utism
Spectrum Disorder or Communication Disorder may assis	t law enforcement officials in effectiv	ely communicating with me.	
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I, certify below that I have b	een diagnosed by a licensed profess	sional with either an Autism S	pectrum or
Communication Disorder. I, the undersigned, hereby certif	fy that the above statements made b	y me are true. I am aware tha	at if any of the
above statements made by me are willfully false, I am subj	ect to civil, criminal, and administrati	ve penalties	, and the second
		To portained.	
Signature (sign):	Da	ate:	
415.11			
*If the applicant is under 18 years of age, than the	application must include a Parent/G	Juardian Consent form.	
Variation librate annual distriction is a second distriction.		O	
Your duplicate or renewed driver license or non-driver and the pink "designation/restriction" card will be issu			
and the pink designation/restriction card will be issu	ca to you at the agency. For must c	arry bour or these document	o together.

Please visit our website at: www.njmvc.gov for additional information.

If you believe that you have been discriminated against or harassed by a law enforcement official based on your disability, you have the right to file a formal complaint. For more information on filing a formal complaint, please visit: https://www.nj.gov/oag/dcr/downloads/fact-Report-Police-Misconduct.pdf