



Application for Nursing Home Resident Parking Placard



Management Operation Services
Special Plate Unit
225 East State Street
P.O. Box 015
Trenton, NJ 08666
609-633-8857

Instructions – Please read carefully

- Type or print clearly. Enter the vehicle description exactly as it appears on the vehicle registration.
- Enclose a photocopy of the current registration certificate.
- Nursing home owner or operator must sign the 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 this placard.

Name of Owner/Operator _____

Owner/Operator's Driver License Number _____

License Plate Number _____ Expiration Date _____

Nursing Home Name _____

Nursing Home Corp Code Number _____

Nursing Home Telephone Number _____

Street Address _____

City, State, Zip Code _____

Make _____ Year _____ Color _____ Body _____

Vehicle Identification Number _____

Print Name of Nursing Home Owner/Operator _____

Signature of Nursing Home Owner/Operator _____ Date _____

Motor Vehicle Commission Use Only:			
Placard Number:	Date Issued:	Expiration Date:	Employee Initials:



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