

Special Plate Unit P.O. Box 015 Trenton, NJ 08666-0015 609-292-6500

Application for Disabled Veteran and Purple Heart Recipient Placard

New Jersey law (N.J.S.A 39:4-207.10) permits exemption from payment of municipal parking meter fees, for up to 24 hours, for disabled veterans and Purple Heart recipients under certain, specific circumstances:

- The parked vehicle is owned by the disabled veteran or the Purple Heart recipient; and
- The disabled veteran or Purple Heart recipient is the driver of or a passenger in that vehicle; and
- The vehicle displays a unique placard issued by the MVC, and the recipient is in possession of his placard identification card.

Please indicate which placard you are applying for (select only one):

Disabled Veteran Placard	Purple Heart Recipient Placard		
Name of Registered Owner	Driver License Number		
Street Address	City State Zip		
Home Phone Number	Alternate Phone Number		
Current Plate Number	Full VIN Number of Vehicle		

Your phone number will only be used in the event there is a discrepancy with your application.

Vehicle Make	Year	Body Type	Weight Class	Color(s)	Model

Requirements:

- One acceptable form of identification, such as, your driver license or other acceptable proof of • identification referenced in the 6-point ID brochure at www.njmvc.gov.
- New Jersey vehicle registration in the name of the placard applicant, and:

For <u>disabled veterans</u> , present:	For Purple Heart recipients, present:
 The applicant's DD-214 (or DD-215 if applicable); and, The applicant's Award of Disability letter from the Veteran's Administration. 	 The applicant's DD-214 (or DD-215 if applicable), showing Purple Heart recipient status; or The applicant's citation awarding the Purple Heart; or The applicant's General Order for the Purple Heart.

Recipients will receive one placard regardless of how many vehicles they own. If the applicant is both a disabled veteran and a Purple Heart recipient, he or she must choose between the two placards, and may only receive one placard.

I certify that the information on this application is true. I am aware that if any of the information on this application is willfully false, I am subject to penalty.

Signature of Applicant:

Date:

FOR MVC USE ONLY

Clerk ID: _____ Reason for Reject: _____ Date: _____