



# Application for Nursing Home Resident Parking Placard



Management Operation Services  
Special Plate Unit  
225 East State Street  
P.O. Box 015  
Trenton, NJ 08666  
609-292-6500 ext. 5061

## 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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