


ROCHELLE PARK POLICE DEPARTMENT Directive		
SUBJECT: Handicap Parking Placards	NUMBER:	
EFFECTIVE DATE: 4/13/2026	DISTRIBUTION TO: All Personnel	ISSUED BY: Capt. James DePreta
CANCELLATION DATE:		APPROVED BY: Chief Dean M. Pinto

POLICY:

It shall continue to be the policy of the Rochelle Park Police Department to distribute temporary handicap parking placards to residents of the Township in accordance with NJ MVC guidelines in a prompt and efficient manner.

PROCEDURE:

1. Confirm the applicant is a Rochelle Park Resident
 - a. Provide a resident instruction sheet from the desk binder.
 - b. Provide an application (initial or recertification) for temporary placard from the desk binder.
 - c. Advise the applicant an unsealed envelope with postage is required. Address to “Special Plate Unit, New Jersey Motor Vehicle Commission, P.O. Box 15, Trenton, NJ 08666-0015. (include residents address in return section)
2. The resident may provide a pre-signed application from a medical provider, if so skip to step 3.
3. Accept the completed application from the resident along with a stamped unsealed envelope.
 - a. Place the \$4.00 check or money order (payable to NJ MVC) in the envelope.
 - b. Obtain a pre-signed (by Chief) red placard and complete the “issued to” and “issue date” fields. Use a hole punch to mark the month and year 6 months from current date.
 - c. Complete the bottom section of resident application, to include (3) fields, “placard #”, “issue date”, and “expiration date”.
 - d. Complete a CAD entry for “Temporary Handicap Placard”, include pedigree for applicant and place a copy of the application in the binder.
 - e. Provide the residents with the temporary placard, place application and payment in the envelope and place in outgoing mailbox. ***(if application is missing Police Chief signature, acquire that first prior to sealing envelope or leave entire packet in the Chiefs’ mailbox.)***

DEAN M. PINTO
CHIEF OF POLICE



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DEPARTMENT OF
POLICE
ROCHELLE PARK

BERGEN COUNTY, NEW JERSEY

TEMPORARY HANDICAP PLACARD INSTRUCTIONS

Dear Resident/Applicant,

1. Please complete “SECTION A: APPLICANT INFORMATION” on the top portion of the application and sign and date at the bottom where it states, “Applicants Signature”.
2. Have “SECTION B; MEDICAL PRACTITIONERS CERTIFICATION” completed by a licensed medical doctor, podiatrist, chiropractor, physician assistant or nurse practitioner.
3. Return the completed form to the Rochelle Park Police Department along with a \$4.00 check or money order payable to “NJ MVC”. Affix proper postage onto the envelope, however, **DO NOT** seal the application in the envelope. (The application needs to be reviewed by an officer or dispatcher).
4. You will then be issued a Temporary Handicap Placard which is valid for a **Six (6) Month** duration.



APPLICATION FOR TEMPORARY PLACARD



INITIAL APPLICATION RECERTIFICATION APPLICATION* \$4.00 fee (payable to NJ MVC) attached.

SECTION A: APPLICANT INFORMATION

Name of Applicant: _____ Temporary Placard No: _____ (for recertification*)

Street Address: _____

City, State, Zip Code: _____

Driver License Number: _____

Date of Birth: _____ Sex: _____ Eye Color: _____ Ht: _____ Wt: _____

SECTION B: MEDICAL PRACTITIONER'S CERTIFICATION

Name of Medical Practitioner: _____ Street Address: _____

City, State, Zip Code: _____ Telephone number: _____

National Provider Identification No. (NPI #): _____ (required)

By law, eligibility for a Temporary Placard is limited to persons who have temporarily lost the use of one or more limbs, are temporarily disabled so as to be unable to ambulate without the aid of an assisting device, or whose mobility is otherwise temporarily limited. (NO OTHER PERSON IS ELIGIBLE FOR A TEMPORARY PLACARD).

I certify, under penalty of law, that my patient (print name) _____ has been personally examined by me and meets the eligibility criteria as specified above and thus meets the requirements for the receipt of a Temporary Placard.

Signature of Medical Practitioner _____ Date _____

SECTION C: TERMS AND CONDITIONS

1. Pursuant to N.J.S.A. 2C:21-4(a), N.J.S.A. 2C:43-3, and N.J.S.A. 2C:43-6, making a false statement or providing misinformation on an application to obtain or facilitate the receipt of license plates or placards for persons with disabilities is a fourth degree crime and a person who has been convicted of this offense may be subject to pay a fine not to exceed \$10,000 and a term of imprisonment of up to 18 months.
2. The temporary placard must be displayed on the rearview mirror of the vehicle whenever such vehicle is parked in a designated wheelchair symbol parking space and must be removed when the vehicle is in motion.
3. The Motor Vehicle Commission requires the applicant to be recertified by a qualified medical practitioner to extend the temporary placard.*
4. Temporary placards are to be used exclusively for the person named on this application. The placard is nontransferable and will be revoked if used by any other person. If the temporary placard is no longer used by the person named on the application, it must be returned to the issuing Police Department.
5. * The temporary placard is valid for no longer than 6 months from the date of issue and can only be recertified once, for a period not to exceed 6 months.

BY SIGNING BELOW, I AGREE WITH THE TERMS AND CONDITIONS OF THIS APPLICATION.

Applicant's Signature: _____ Date: _____

FOR USE BY POLICE CHIEF

CHIEF SIGNATURE CHIEF [Signature] #136 MUNICIPALITY _____ FEE PAID TEMPORARY

PLACARD # _____ ISSUE DATE _____ EXPIRATION DATE _____



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