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**TOWN OF MORRISTOWN**

Ordinance No: \_\_\_\_\_ Placard No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Employee's Initials: \_\_\_\_\_

(FOR TOWN USE ONLY: DO NOT WRITE ABOVE THIS LINE)

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**APPLICATION FOR DEDICATED PARKING SPACE FOR  
PERSONS WITH A DISABILITY**

**THIS IS MY:            INITIAL APPLICATION            RENEWAL APPLICATION**

**SECTION A: PERSON WITH A DISABILITY IDENTIFICATION CARD INFORMATION**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Placard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SECTION B: MEDICAL PRACTITIONER'S CERTIFICATION (for initial applications only)**

Name of Medical Practitioner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**I CERTIFY THAT MY PATIENT, \_\_\_\_\_, HAS BEEN  
PERSONALLY EXAMINED BY ME AND MEETS THE ELIGIBILITY REQUIREMENTS FOR  
A DEDICATED HANDICAPPED PARKING SPACE.**

**Signature of Medical Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_**

**SECTION C: RENEWAL PLACARD NUMBER (if applicable)**

New Placard No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SECTION D: ATTACHMENTS**

- Copy of Driver's License
- Copy of Person With a Disability ID
- Copy of NJMVC Placard
- Letter from Physician Identifying the Disability

**SECTION E: APPLICANT CERTIFICATION**

**ICERTIFY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE.**

**Signature of Person with a Disability: \_\_\_\_\_ Date: \_\_\_\_\_**

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**Morristown Police Bureau: \_\_\_\_\_ Date: \_\_\_\_\_**