



Town of Kearny

Application for a Reserved Handicapped Parking Space

Application Type: New Application Renewal Date _____

The undersigned, hereby applies to the Town of Kearny for a reserved handicapped parking space

Section A: Person with a disability identification information

Name of Person with a Disability _____

Street address * _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Date of birth _____ Gender M F Eye color _____ Ht _____ Wt _____

Drivers license # _____ Vehicle plate # _____

Hang tag # issued by the State of NJ: _____

* Does this street address have a driveway or carport at residence: Yes No

Are you able to drive/transport yourself: Yes No. If no, the owner of the registered vehicle must reside with you

Section B: To be filled out by driver of the vehicle if not the same as the applicant. Owner must reside with applicant

Registered vehicle owner's name _____

Street address _____

City _____ State _____ Zip _____

Driver license # _____ License expiration date _____

Vehicle plate # _____ Registration expiration date _____

Relationship to disabled applicant: _____

Section C: Certification of Statements

I certify, under penalty of law, that the statements on this application are true

Signature of registered vehicle owner Date

Signature of person with a disability Date



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Section E: Medical Practitioner's Certification

Name of medical practitioner (print) _____

Street address, City, State, Zip _____

Required prescription attached

A disability must fall into one of the following categories:

1. The person is so severely permanently* disabled, as to be unable to be mobile without the aid of a mechanical device, such as a wheelchair, walker, crutches or leg brace.
2. The person suffers from any respiratory disease or ailment as determined by the person's physician who must submit the following documentation obtained within the past 6 months to be certified by the Town's physician:
 - a. arterial pO2** less than 60 mmHg on room air
 - b. spirometry** with the Forced Vital Capacity (FVC) less than fifty per cent (50%) of the predicted value and the Force Expiratory Volume at 1 second (FEV1) is less than forty percent (40%) of the predicted value for the individual's sex, age and height as set forth in the "American Medical Association: Guide to the Evaluation of Permanent Impairment" 2nd ed Chicago. American Medical Association, 1984, or as revised and amended.
3. The person has a cardiac condition to the extent this person's functional limitations are classified in severity as Class III or Class IV according to the American Heart Association as determined by the person's physician who will submit the following documentation to be certified by the Town doctor:
 - a. Echocardiogram** within the last 6 months with an ejection fraction less than 30%.
4. The person is severely and permanently* limited in the ability to walk because of a brain injury or neurologic condition.

**According to AMA guidelines, a permanent impairment is defined as one that has "reached maximum medical improvement and is well established and unlikely to change substantially in the next year with or without medical treatment.*

I certify, under penalty of law, that my patient (print name) _____

has been personally examined by me and meets the eligibility requirements as specified in item number(s) above _____ and meets the requirements for the receipt of a handicapped parking spot for persons with a disability.

Signature of _____ license # _____ date _____
Medical provider



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Section F: Terms and Conditions

Initial here to acknowledge

I understand and acknowledge that if I'm required to go to the Town's doctor for evaluation, the Town's doctor may request my permission to obtain the minimum necessary medical information from my physician who certified my disability. No personal health information about me will be shared with the Town or Town employees.

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 a handicapped parking spot, 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 Handicapped Placard must be displayed on the front driver's side dashboard whenever the vehicle is parked in the designated handicapped parking space and must be removed when the vehicle is in motion.
3. Persons approved for a placard for an approved handicapped parking spot must be re certified every year.
4. The handicapped placard and designated handicapped spot are to be used exclusively for the person with a disability named on the application and the vehicle approved on the application. The placard is nontransferable and shall be revoked if used by any other person. If the placard and/or handicapped spot are no longer used by the person named on this application, they notify the Kearny Police Department, Traffic Division. Abuse of this privilege is cause for revocation.

By signing here, I certify under penalty of law, that I agree with the Terms and Conditions of this application

Signature of registered vehicle owner

Date

Signature of person with a disability

Date