



# Application for Non-Driver ID and Physician Certification for Blind or Disabled Person



## APPLICATION FOR NON-DRIVER ID

DRIVER LICENSE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR

NAME \_\_\_\_\_  
FIRST MI LAST

SOCIAL SECURITY # \_\_\_\_\_ \* SEX  EYE COLOR  WEIGHT  HEIGHT    
LBS FT IN RESTR. CODE **ID**

\* Submission of the Social Security Number is required by N.J.A.C. 13:21-1.3. The number will be used to prevent errors, enforce federal and state laws and assist in the collection of motor vehicle fees.

MAILING ADDRESS (STREET, PO BOX, RURAL ROUTE)				RESIDENTIAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)			
CITY	STATE	ZIP	COUNTY	CITY	STATE	ZIP	COUNTY
1. Have you ever had a New Jersey driver's license, learner's permit, or a photo ID for the handicapped? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. Do you now have a valid New Jersey driver's license or learner's permit? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. Is your driving privilege now suspended in any state/country? <input type="checkbox"/> YES <input type="checkbox"/> NO			

- THIS APPLICATION IS FOR (CHECK APPROPRIATE BOXES BELOW):
- Address Change
  - Mailing
  - Residential
  - Initial
  - Renewal
  - Duplicate
  - Change

X \_\_\_\_\_ SIGN HERE. I, the applicant, certify that the statements made by me on both sides of this application are true. I am aware that if any statements made by me are willfully false, I am subject to penalty. DATE \_\_\_\_\_

BA207 (R9/2020)

If you answered YES to questions 1, 2 or 3, please explain:

**Certification for the Blind or Disabled**  
(A medically certified identification card is valid for life without further payments)

I certify that \_\_\_\_\_ is (explain nature of blindness or disability)

Physician's Name		Medical License No.		State of Insurance	
Street Address		City		State	
				Zip Code	

**GENERAL CERTIFICATION**  
 A person who applies for a driver license or permit during suspension or revocation, or gives a fictitious name, address or gives a misstatement of fact, is subject, upon conviction, to a fine of not more than \$500 and/or imprisonment at the discretion of the court. Applicant is also subject to suspension of driving privileges for a period of not more than two years. Authority: N.J.S.A. 39:3-34, 39:3-37.

### FOR MVC USE ONLY

- ID APPROVAL
- ADDRESS VERIFICATION

## Instructions for Application of Disabled Person's ID

### Document Requirements:

1. A completed Application for Non-Driver ID. Please refer to page 1 of this application.
2. A medical practitioner's certification is required as part of the initial application process. The Motor Vehicle Commission requires your medical practitioner to certify that you meet the eligibility criteria for the disabled person's identification card. Certifications can only be authorized by the following medical practitioners: a physician, podiatrist, chiropractic physician, physician assistant or nurse practitioner licensed to practice in this state or a bordering state or a physician stationed at a military or naval installation located in this State who is licensed to practice in any state. The certification must be completed on the reverse side of the Application for Non-Driver ID.
3. A check or money order for the applicable amount. Please refer to the fee chart below. (Do not send cash).
4. Six points of identification and proof of permanent address (certified or photo copies are preferred; please do not send originals). Refer to our website at [www.njmvc.gov](http://www.njmvc.gov).

### Fee Chart:

Duplicate Disabled Person's ID - \$7.00

Renewal from (class D) Driver's License to (class K) Disabled Person's ID – \$6.00 (4-year renewal) Downgrade (not expired class D) Driver's License to (class K) Disabled Person's ID - \$9.00

**To expedite the delivery of your transaction, you may provide a prepaid envelope.**

Mail Required Documentation To:  
**NJ Motor Vehicle Commission  
Government Unit  
225 East State Street  
P.O. Box 016  
Trenton, NJ 08666-0016**