



170 Hamilton Ave. Suite 206
White Plains, New York 10601
P: 914.949.8529

Parking Placard Vehicle Identification Request Form

For dues-paying members only

Name _____

Address _____

Work Location _____ Title _____

Personal Email _____ Work Email _____

Cell # _____ Office # _____

Year & Make of Vehicle _____

Vehicle Color _____ 2 Door 4 Door

State & License Plate # _____

I certify that I will use the vehicle identification card issued to me **only** when I am on official business for the State of New York and understand I may park in areas designated only for court employees. This vehicle I.D. card must not be used by members of my family and/or friends and will be revoked if used improperly.

Lost or stolen placards must be reported to the police, and a copy of the police report must be sent to the Union Office. If you transfer to another union, you must return placard to NJDCEA delegates or to the Union Office. Your new union will be notified.

Signature _____ Date _____

Complete this form in its entirety, sign, and date. Return the form to your union delegate or officer.

Please remember to destroy previous years parking placard after picking up your current placard.

OFFICE USE ONLY

DATE ISSUED _____ 2022 VEHICLE I.D. PLACARD # _____

Distributed: Placard _____ Gift Card _____