

**NEW JERSEY STATE POLICE**  
**Firearms Investigation Unit**



**Firearms Applicant**  
**Investigation Guide**

Rev. 03/01



## State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF STATE POLICE  
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CHRISTINE TODD WHITMAN  
*Governor*

September 20, 2000

Dear Member of the Law-Enforcement Community:

We are pleased to provide you and your agency with an updated Firearms Guidebook. This guide was prepared by the New Jersey State Police Firearms Investigation Unit to help ensure that firearm regulations in New Jersey are enforced in a standardized manner. The guidebook covers every aspect of the firearms' application process, clarifies background investigations, and introduces a uniform report for recording the findings of the investigator. This guide also details the qualifications and procedures necessary for a retired police officer to obtain a Retired Law Enforcement Officer Permit to Carry a Handgun.


We strongly encourage you to use the guidebook frequently and to encourage your fellow officers to utilize it as well. We believe that any questions regarding the firearms' application process are answered clearly and concisely in the reference material.

As members of New Jersey's law-enforcement community, we have a direct responsibility to ensure that the state's firearms laws are enforced in a uniform and judicious manner. To this end, we hope that this guidebook will enhance your own agency's efforts in this most important area.

If you have any questions that are not answered in the guidebook, or any other concerns or comments, please do not hesitate to contact a member of the Firearms Investigations Unit at 609-882-2000, extension 2664.

FOR COLONEL CARSON J. DUNBAR, JR.  
SUPERINTENDENT

Sincerely,

  
Vincent Modarelli  
Lieutenant Colonel  
Deputy Superintendent of Investigations



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# Forward

## FORWARD

This guide was prepared and distributed by the New Jersey State Police Firearms Investigation Unit, State Regulatory Bureau, Special and Technical Services Section. It is intended to serve as a statewide guide, making uniform the processing and investigating of firearm applicants. Members of the Division of State Police are required to follow all procedures contained herein. Members of the Division of State Police and municipal police agencies are to thoroughly review this guide and to adopt these procedures for processing firearm applicants.

New Jersey Statutes (NJSA 2C: 58-3 et. seq.) are the foundation for firearm applicant investigation. These statutes are reinforced by the New Jersey Administrative Code (NJAC 13:54-1 et. seq.) Authority is vested in the Superintendent of State Police and the Chief of Police of an organized, full-time police department to investigate firearm applicants and to issue or deny issuance of permits. The conditions that firearm applicants must meet are outlined in NJSA 2C: 58-3c.

This guide will discuss and review the procedures for investigating persons who make application for Firearms Purchaser Identification Cards, Permit to Purchase a Handgun & Form of Register, and Permit to Carry a Handgun. It will clarify many of the misunderstandings associated with the background investigation process. It will also introduce a uniform report employed for recording the findings of the investigator.

Contained within are samples of forms used to process and investigate firearm applicants. These forms are available to any full-time police department. Please check the section at the end of this guide for the location of the State Police laboratory where your agency may obtain any needed forms.

Both the form and fee schedule in this guide are based on New Jersey law and the Administrative Code. Police departments and municipalities should be aware that NJSA 2C: 58-3f states, in part, that, "There shall be no conditions or requirements added to the form or content of the application, or required by the licensing authority for the issuance of a permit or identification card, other than those that are specifically set forth in this chapter." Therefore, applicants cannot be required to submit resumes, photographs (other than for permits to carry), diagrams of their residence(s), or any other information not stipulated by law or code. Applicants cannot be required to complete additional forms, not directly stipulated by law or code. Neither can they be required to pay processing fees, separate fees for the collection of fingerprints, fees to process the Mental Health Records Search form, or any other fees.

Finally, this guide will review the qualifications and procedures for a retired police officer to obtain a Retired Law Enforcement Officer Permit to Carry a Handgun.



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# General Information

## General Information

### Applications:

1. Applications for a Firearms Purchaser Identification Card, or Permit to Purchase a Handgun (STS 33) may be obtained and filed at the applicant's local police department. Applicants who reside in a municipality without a full-time municipal police department obtain and file their applications at their local State Police station. Applicants who reside outside of New Jersey may make application (Firearms Purchaser Identification Card and Permit to Carry a Handgun ONLY) at the State Police station (except toll road stations) located geographically closest to where they reside.
2. Applications for Permit to Carry a Handgun (SP 642) are obtained in the same manner as stated above. Employees of armored car companies and individuals who reside outside of New Jersey, **are required by law to make application for carry permits with the State Police.**
3. Applicants for Wholesale and Retail Firearms Dealers Licenses are required to file their applications for such licenses with the State Police. They should be directed to contact the Firearms Investigation Unit at Division Headquarters.
4. Applicants for a Duplicate Firearms Purchaser Identification Card (STS-3) may obtain and file applications at their local police department. Applicants who reside in a municipality without an organized full-time police department, or who reside outside of New Jersey, may obtain and file their application at the State Police station serving their area. (Out of state applicants will utilize the State Police station geographically closest to their residence.)
5. The applicant shall personally complete the application forms.
6. Investigators should check applications and all forms attached thereto for completeness at the time of submission.
7. The investigator should confirm the applicant's identification to his or her satisfaction.
8. Applicants should be made aware of the 'disabilities' as outlined in NJSA 2C: 58-3c that preclude them from obtaining a firearm permit.
9. Applicants should be advised that falsification of any information on an application or related document is a crime of the third degree under NJSA 2C: 39-10c.
10. Eligible retiring police officers may obtain applications for their permits to carry at any State Police station. Renewal applications must be filed yearly and are available at any State Police station.
11. Retired officers are reminded that they must submit semi-annual training records (qualifications) to the Firearms Investigation Unit to maintain the validity of their permit to carry.



12. An application for a Retired Police Officers Permit to Carry must be filed with the Division of State Police **not later than six months after the officer's effective retirement (2C: 39-6L1).**

**Investigation:**



**Questions?**

Please consult the F.A.Q. section of this guide. If the question is not answered contact the:

New Jersey State Police  
Firearms Investigation Unit  
P.O. Box 7068  
West Trenton, NJ 08628-0068

Voice: 609-882-2000 ext. 6619 \*Unit Supervisor  
2555 \*Assistant Unit Supervisor  
6612 \*N.I.C.S. (National Instant Check) liaison  
6617 \*Special Investigation Squad supervisor  
6618 \*Retired Police Officer Line  
2063 \*Retired Police Officer Line

Fax: 609-406-9826 (Direct Line)



# Firearms ID Cards

## Firearms Purchaser Identification Card

For Rifles (including Black Powder & BB or Pellet) and Shotguns

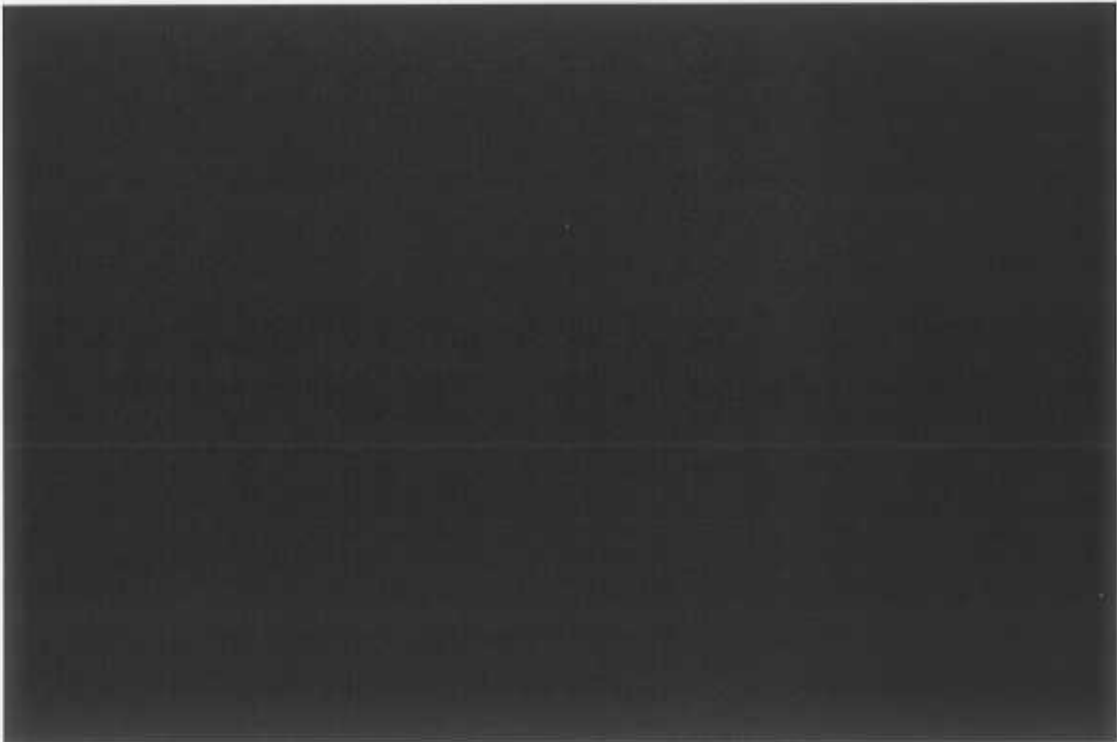
### Applicant:

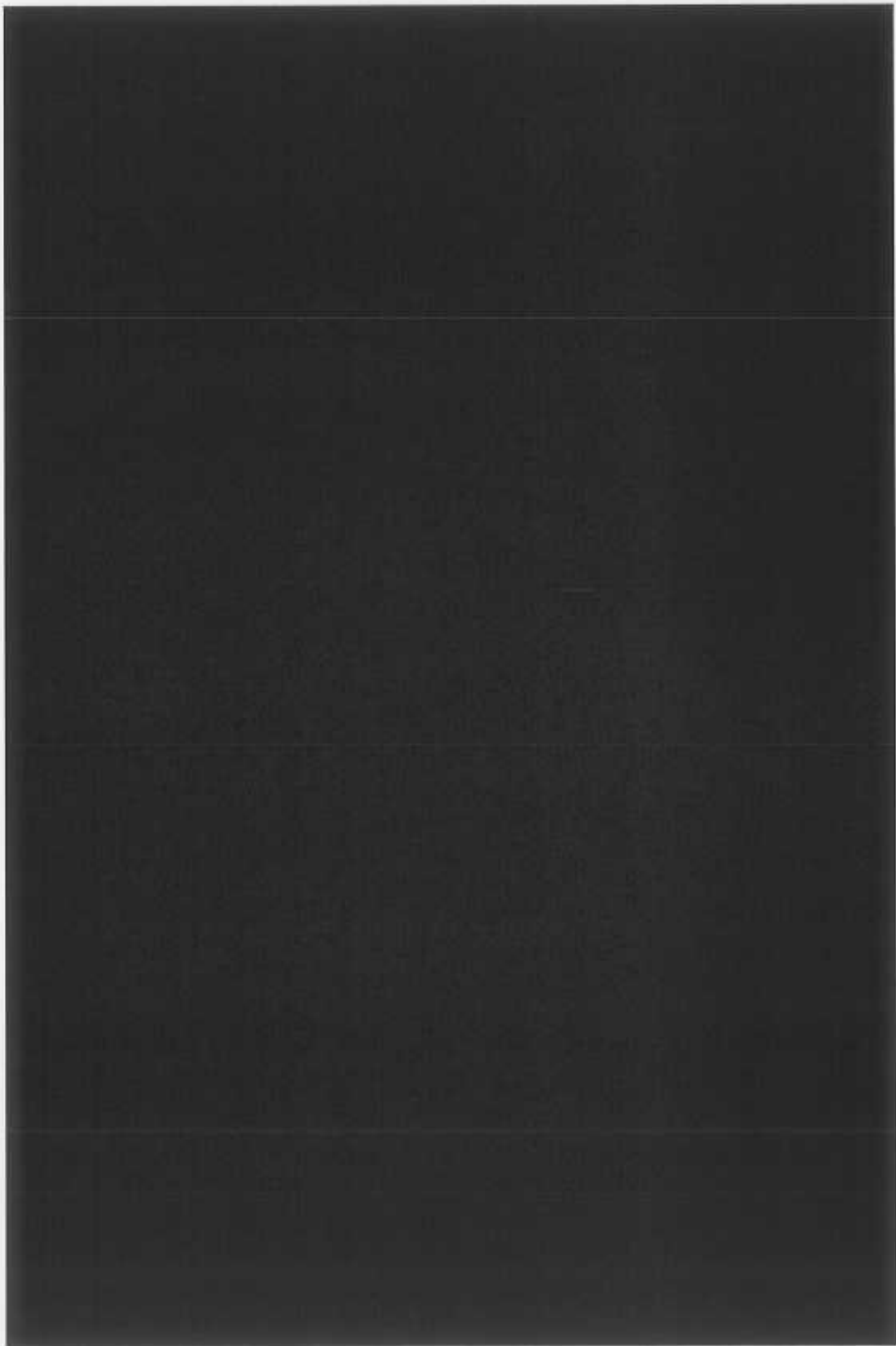
1. Must be at least eighteen years of age.
2. Must be of good character and of good repute in the community in which he or she lives.
3. Can never have been convicted of a **crime** of the first, second, third or fourth degree in this state, or the equivalent in another state or jurisdiction, that has not been expunged or sealed.
4. Must not be a drug dependent person as defined in section 2 of P.L. 1970, c.226 (C.24: 21-2).
5. Must not be currently confined for a mental disorder to a hospital, mental institution or sanitarium.
6. Must not be a habitual drunkard.
7. Cannot suffer from a physical defect or disease that would make it unsafe for him or her to handle firearms.
8. Can never have been confined for a mental disorder.
9. Cannot be an alcoholic.
10. Persons who do not meet the requirements of items seven, eight and nine above are ineligible to obtain a Firearms Purchaser Identification Card unless such person produces a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof, that he or she is no longer suffering from that particular disability in such a manner that would interfere with or handicap him or her in the handling of firearms.
11. Must not knowingly falsify any information on the application form or any other required document.
12. Must not be subject to a court order issued pursuant to section 13 of P.L. 1991, c.261 (C.2C: 25-29) prohibiting the applicant from possessing any firearm.
13. Must not be a person where the issuance of such permit would not be in the interest of the public health, safety or welfare.

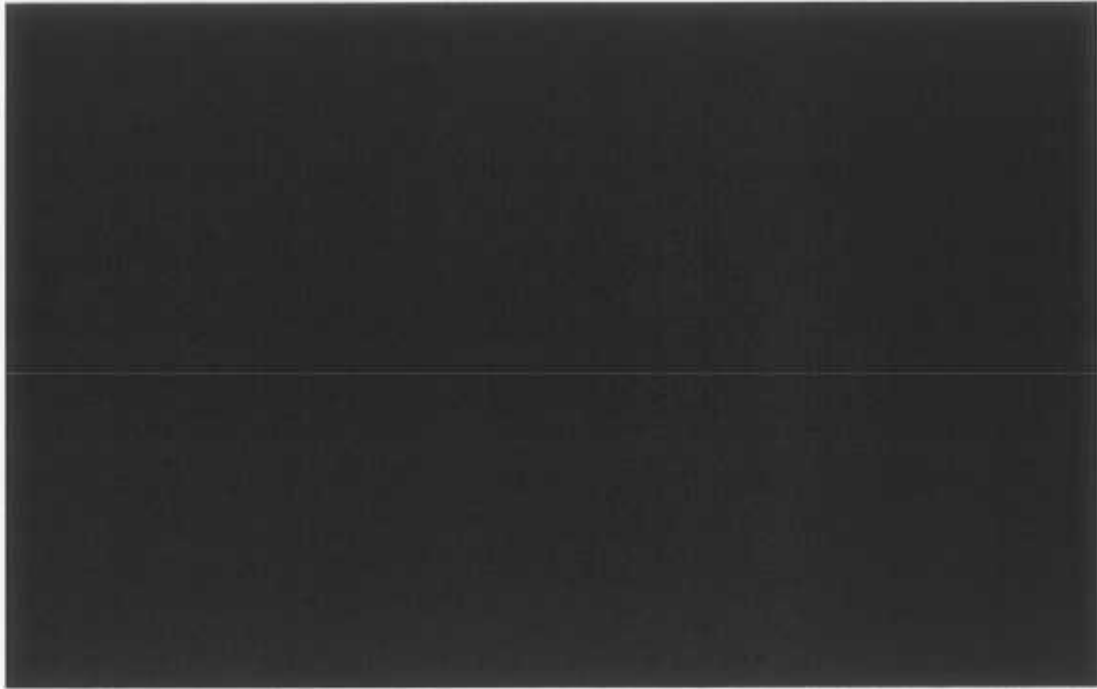
**Application Process:**

1. The applicant needs to complete the application (STS-33) in its entirety and submit the appropriate fee.
2. The applicant needs to complete Part One of the 'Consent for Mental Health Records Search' (SP-66) form. The applicant should sign and date this form in the presence of the investigating officer, or other enlisted (sworn) officer if the investigating officer is not present. The officer receiving the form should sign it in the space provided for "Witness" and provide the department's information on the appropriate line. State Police personnel will list their assigned station.
3. If the applicant has not previously applied with your agency for a handgun purchase permit, then the applicant is to be fingerprinted by your department on both a state applicant fingerprint card (SBI-19) and a federal applicant fingerprint card (FD-258), and submit the appropriate fee.
4. If the applicant has been previously issued a handgun purchase permit by your department, **AND** has a valid SBI (State Bureau of Identification) number, by statute this applicant need not be fingerprinted again. The applicant is to complete and submit a "Request for Criminal History Record Information for a Non-Criminal Justice Purpose" form (SBI-212A), and submit the appropriate fee.
5. If the applicant has been previously issued a handgun purchase permit by another police department in New Jersey, provides satisfactory proof of identity, **AND** has a valid SBI number, the applicant should submit an SBI-212A form with the appropriate fee. Again, this applicant need not be fingerprinted again.

**Investigation of the Applicant:**







**Issuance of the Firearms Purchaser Identification Card:**

1. Complete the information required on the Firearms Purchaser Identification Card and accurately record the SBI number on the card. \* Past practice allowed municipal departments to record a number on the Firearms Purchaser Identification Card other than the SBI number when the applicant's fingerprints were unclassifiable by the SBI. This is not an accepted practice any longer. The applicant's SBI number must appear on the Firearms Purchaser Identification Card. If the prints are unclassifiable by the SBI, contact the SBI in order to resolve the problem. If you are aware of anyone in your community who does not have his or her SBI number on the Firearms Purchaser Identification Card, encourage him or her to update the card. Firearms Purchaser Identification Cards without valid SBI numbers on them will be voided.
2. Have the Chief of Police sign the Firearms Purchaser Identification Card. If your agency presently does not have a Chief, then the highest-ranking officer is to sign the card. Departments with a public safety director are to have the highest-ranking sworn police officer sign the card.
3. Firearms Purchaser Identification Cards issued by the Division of State Police will be processed at the Firearms Investigation Unit. They will be returned to the investigating station for delivery to the applicant.
4. Contact the applicant to pick up the card. Have the applicant place his or her right index fingerprint on the Firearms Purchaser Identification Card and sign it in the presence of a police officer.

### **Denying issuance of a Firearms Purchaser Identification Card:**

1. If your background investigation revealed that the applicant is subject to any of the disabilities as set forth under NJSA 2C: 58-3c, you **must deny** the issuance of the Firearms Purchaser Identification Card.
2. Have your Chief of Police, or highest-ranking officer as the case may be, indicate on the application that it is denied and the reason for the denial.
3. Notify the applicant by registered mail that their application for a Firearms Purchaser Identification Card was denied and the reason for the denial.
4. Indicate in your letter that, by statute (2C: 58-3d), he or she has thirty days to appeal the denial by writing to the Superior Court in the County in which they reside requesting a hearing on the denial.
5. Also advise them that they must notify you in writing if they appeal the denial to the court.
6. Save the return on the registered letter as proof the letter was received.

### **Retention of Applications & Support Documents:**

(State Police)

1. The Firearms Investigation Unit shall computerize and microfilm the original copy of the application and investigation report.
2. Stations shall maintain the yellow copy of the application and investigation report and any other ledgers or records associated with the Firearm Application. Master Name Index Cards will be maintained according to the appropriate S.O.P.

(Municipal Police)

3. Municipal departments are encouraged to maintain copies of the application and investigation report, as well as any support documents. This will aid in future investigations of the same applicant, ~~often~~ alleviating the need to clear missing dispositions repeatedly.

### **Disposition:**

(State Police)

1. Forward the following forms by interoffice mail to the Firearms Investigation Unit within ten working days, from the date the application is accepted at the station.
  - a. Original Application (STS-33)
  - b. Consent for Mental Health Records Search (SP-66)
  - c. Original Investigation Report (SP-407 & 407a)
  - d. Appropriate Fees. (see Fee Schedule)



2. Forward the applicant's fingerprints or 212a form and corresponding fees immediately upon receipt to the SBI (see schedule attachment).

(Municipal Police)

1. Upon completion of the investigation and issuance or denial of the Firearms Purchaser Identification Card, forward the following form to the New Jersey State Police Firearms Investigation Unit.
  - a. Original Application (STS-33)
2. Forward the applicant's fingerprints or SBI-212A form and corresponding fees immediately upon receipt to the SBI (see schedule attachment).

If the Firearms Purchaser Identification Card was denied by your agency, do not forward the STS-33 form until all court action has been completed, or until more than thirty days has elapsed from the time you notified the applicant of his or her denial. *If the denial was upheld in court, or if the denial is overturned, forward a copy of the court order along with the original application.*



# Permit to Purchase

## Permit to Purchase a Handgun & Form of Register

(For Handguns & Handgun Frames)

### Applicant:

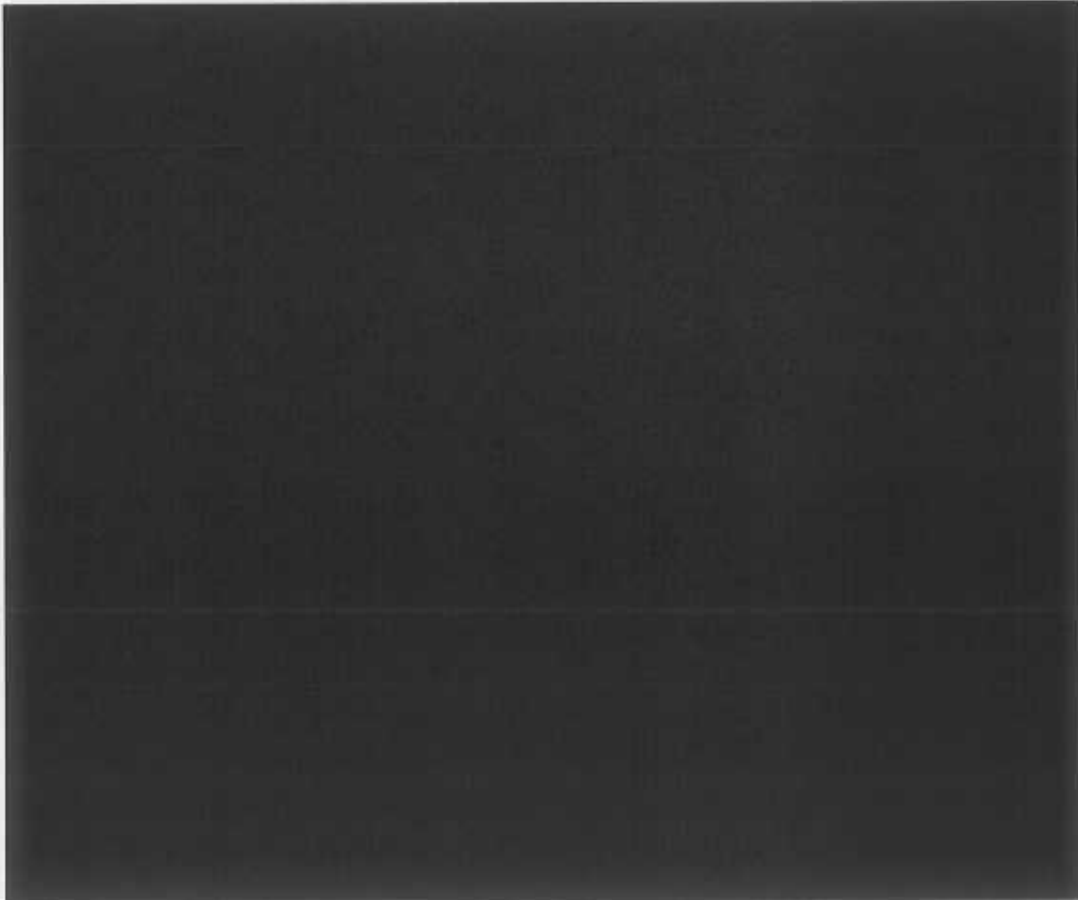
1. Must be at least twenty-one years of age.
2. Must be of good character and of good repute in the community in which he or she lives.
3. Can never have been convicted of a crime of the first, second, third or fourth degree in this state, or the equivalent in another state or jurisdiction, that has not been expunged or sealed.
4. Must not be a drug dependent person as defined in section 2 of P.L. 1970, c.226 (C.24: 21-2).
5. Must not be currently confined for a mental disorder to a hospital, mental institution or sanitarium.
6. Must not be a habitual drunkard.
7. Cannot suffer from a physical defect or disease that would make it unsafe for him or her to handle firearms.
8. Can never have been confined for a mental disorder.
9. Cannot be an alcoholic.
10. Persons who do not meet the requirements of items seven, eight and nine above are ineligible to obtain a Permit to Purchase a Handgun unless such person produces a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof, that he or she is no longer suffering from that particular disability in such a manner that would interfere with or handicap him or her in the handling of firearms.
11. Must not knowingly falsify any information on the application form or any other required document.
12. Must not be subject to a court order issued pursuant to section 13 of P.L. 1991, c.261 (C.2C: 25-29) prohibiting the applicant from possessing any firearm.
13. Must not be a person where the issuance of such permit would not be in the interest of the public health, safety or welfare.

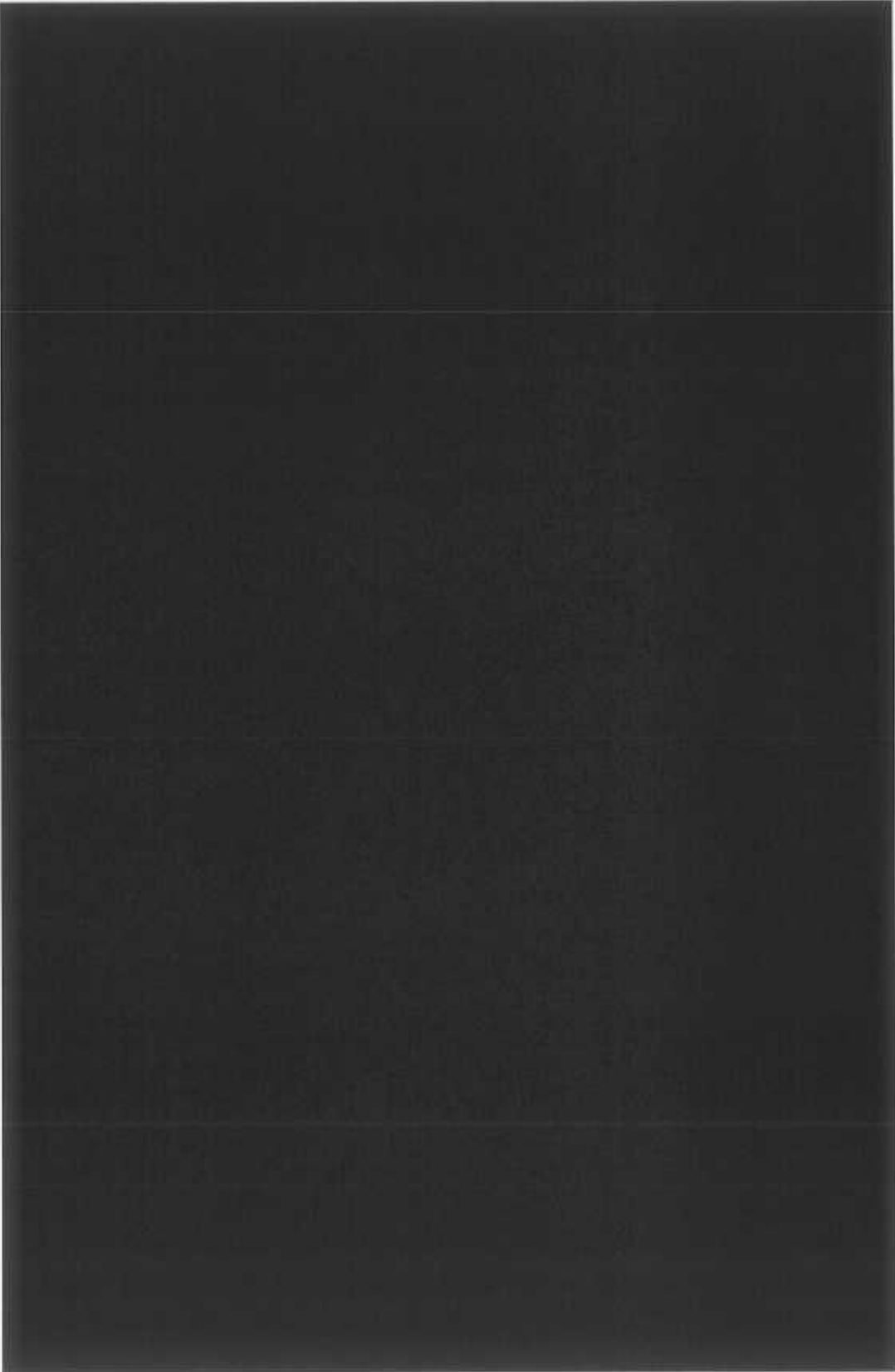
### Application Process:

1. The applicant needs to complete the application (STS-33) in its entirety and submit the appropriate fee.
2. The applicant needs to complete Part One of the 'Consent for Mental Health Records Search' (SP-66) form. The applicant should sign and date this form in the presence of the investigating officer, or other enlisted (sworn) officer if the investigating officer is not present. The officer receiving the form should sign it in the space provided for "Witness" and provide the departments information on the appropriate line. State Police personnel will list their assigned station.

3. If the applicant has not previously applied to your agency for a handgun purchase permit or Firearms Purchaser Identification Card, then the applicant is to be fingerprinted by your department on both a state applicant fingerprint card (**SBI-19**) and a federal applicant fingerprint card (**FD-258**), and submit the appropriate fee. **-UNLESS-**
- a. The applicant has been previously issued a handgun purchase permit or Firearms Purchaser Identification Card by *another* police department in New Jersey, provides satisfactory proof of identity, **AND** has a valid State Bureau of Identification (SBI) number. This applicant should submit an **SBI-212A** form with the appropriate fee. This applicant need not be fingerprinted again. (Make a photocopy of the Firearms Purchaser Identification Card and attach it to the application) **OR**
  - b. The applicant has been previously issued a handgun purchase permit by your department or a Firearms Purchaser Identification Card, **AND** has a valid SBI (State Bureau of Identification) number. The applicant is to complete and submit a "Request for Criminal History Record Information for a Non-Criminal Justice Purpose" form (**SBI-212A**), with the appropriate fee. By statute this applicant need not be fingerprinted again.

**Investigation of the Applicant:**







**Issuance of the Permit to Purchase a Handgun & Form of Register:**

1. Complete the information required on the Permit to Purchase a Handgun & Form of Register and accurately record the SBI number on the permit.
2. Have the Chief of Police sign the permit. If your agency presently does not have a Chief, then the highest-ranking officer is to sign the card. Departments with a public safety director are to have the highest-ranking sworn police officer sign the permit. Have this officer place his Title of Office in the space provided.
3. Insert the permit number in the space provided. (This is your departments internal tracking number for the permit)
4. Permits to Purchase issued by the Division of State Police will be processed at the Firearms Investigation Unit. They will be returned to the investigating station for delivery to the applicant.
5. Contact the applicant and have them pick up their permit. Have the applicant sign the permit in your presence in the space provided.

**Denying issuance of a Permit to Purchase a Handgun & Form of Register:**

1. If your background investigation revealed that the applicant is subject to any of the disabilities as set forth under NJSA 2C: 58-3c, you **must deny** the issuance of the Permit to Purchase a Handgun.
2. Have your Chief of Police, or highest-ranking officer as the case may be, indicate on the application that it is denied and the reason for the denial.
3. Notify the applicant by registered mail that their application for a Permit to Purchase a Handgun was denied and the reason for the denial.
4. Indicate in you letter that, by statue (2C: 58-3d), he or she has thirty days to appeal the denial by writing to the Superior Court in the County in which they reside asking for a hearing on the denial.
5. Also advise them that they must notify you in writing if they appeal the denial to the court.

6. Save the return on the registered letter as proof the letter was received.

**Retention of Applications & Support Documents:**

(State Police)

1. The Firearms Investigation Unit shall computerize and microfilm the original copy of the application and investigation report.
2. Stations shall maintain the yellow copy of the application and investigation report and any other ledgers or records associated with the Firearm Application. Master Name Index Cards will be maintained according to the appropriate S.O.P.

(Municipal Police)

1. Municipal departments are encouraged to maintain copies of the application and investigation report, as well as any support documents. This will aid you in future investigations of the same applicant, alleviating the need to clear missing dispositions repeatedly.

**Disposition:**

(State Police)

1. Forward the following forms by interoffice mail to the Firearms Investigation Unit within ten working days from the date the application is accepted at the station.
  - a. Original Application (STS-33)
  - b. Consent for Mental Health Records Search (SP-66)
  - c. Original Investigation Report (SP-407 & 407a)
  - d. Appropriate Fees. (see Fee Schedule)
2. Forward the applicant's fingerprints or SBI-212A form and corresponding fees immediately upon receipt to the SBI (see schedule attachment).

(Municipal Police)

1. Upon completion of the investigation and issuance or denial of the Permit to Purchase a Handgun & Form of Register, forward the following form to the New Jersey State Police Firearms Investigation Unit.
  - a. Original Application (STS-33)
2. Forward the applicant's fingerprints or SBI-212A form and corresponding fees immediately upon receipt to the SBI (See schedule attachment).

If the Permit to Purchase a Handgun & Form of Register was denied by your agency, do not forward the STS-33 form until all court action has been completed, or until more than thirty days has elapsed from the time you notified the applicant of his or her denial. *If the denial was upheld in court, or if the denial was overturned, forward a copy of the court order along with the original application.*





# Duplicate ID Cards

## Duplicate Firearms Purchaser Identification Card

### Applicant:

1. Must have previously been issued a Firearms Purchaser Identification Card by an organized full-time police department within the State of New Jersey or by the New Jersey State Police.
2. Must not have had his or her Firearms Purchaser Identification Card revoked. **Unless a court order exists authorizing the applicant to obtain a duplicate Firearms Purchaser Identification Card.**
3. Must not have become subject to the disabilities set forth under NJSA 2C: 58-3c. (See "Applicant" section of Firearms Purchaser Identification Card.)

### Application Process:

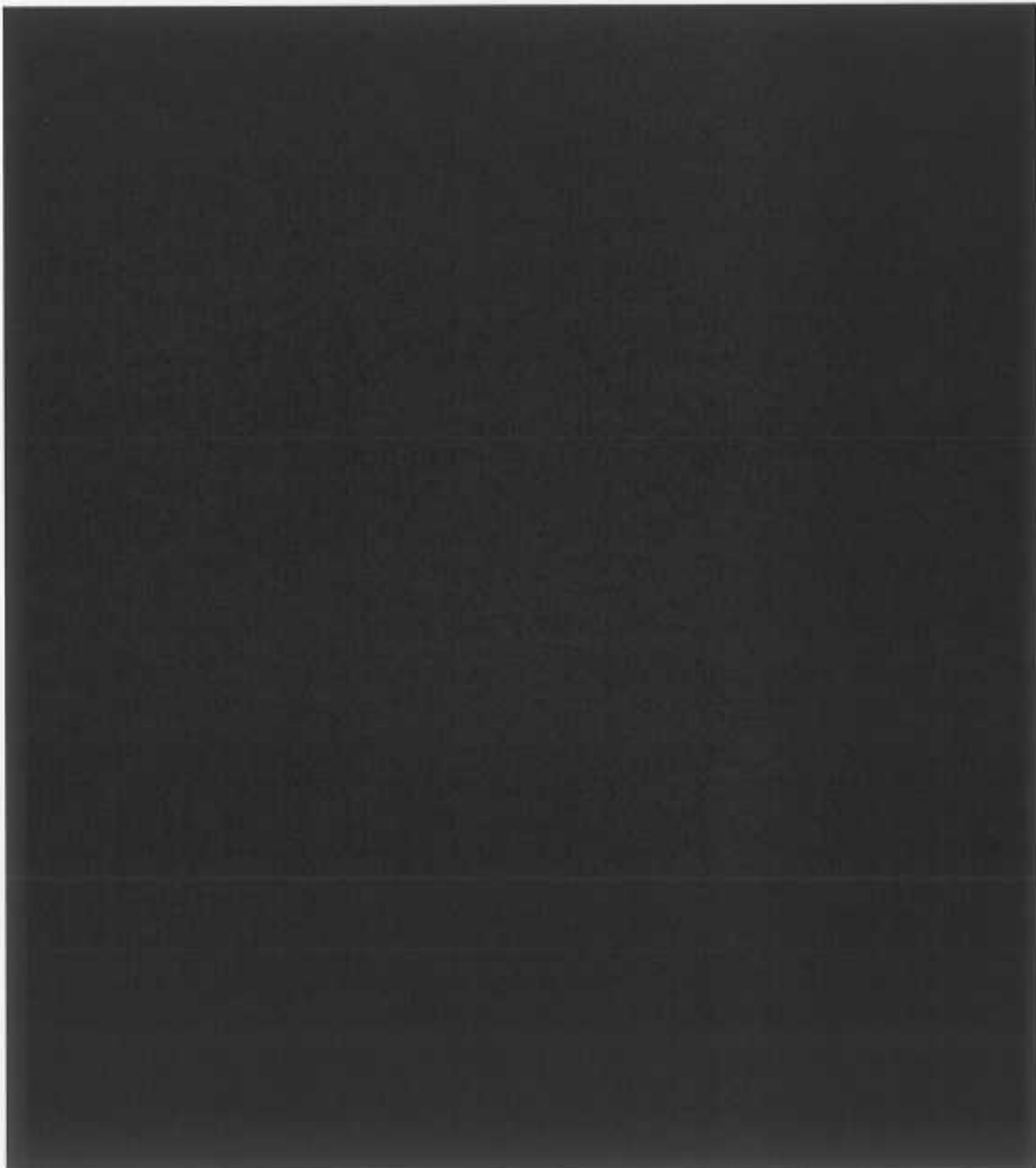
1. The applicant needs to complete the application (STS-3) in its entirety.
2. The applicant needs to complete Part One of the 'Consent for Mental Health Records Search' (SP-66) form. The applicant should sign and date this form in the presence of the investigating officer, or other enlisted (sworn) officer if the investigating officer is not present. The officer receiving the form should sign it in the space provided for "Witness" and provide the departments information on the appropriate line. State Police personnel will list their assigned station.
3. The applicant must present proper identification to the investigating officer's satisfaction. If the applicant cannot or does not present adequate identification, then the applicant will have to submit fingerprints (SBI-19 & FD-258) along with the appropriate fee.
4. Applicants who present satisfactory identification may be processed on a SBI-212A form provided:
  - a. He or she turns in the old Firearms Purchaser Identification Card at the time of application and the SBI number on it is verified.
  - b. The investigating officer is able to verify that the applicant has a valid SBI number if the applicant's Firearms Purchaser Identification Card is lost, stolen or mutilated.
5. Applicants must submit fingerprints along with the appropriate fee, if their SBI number cannot be verified.

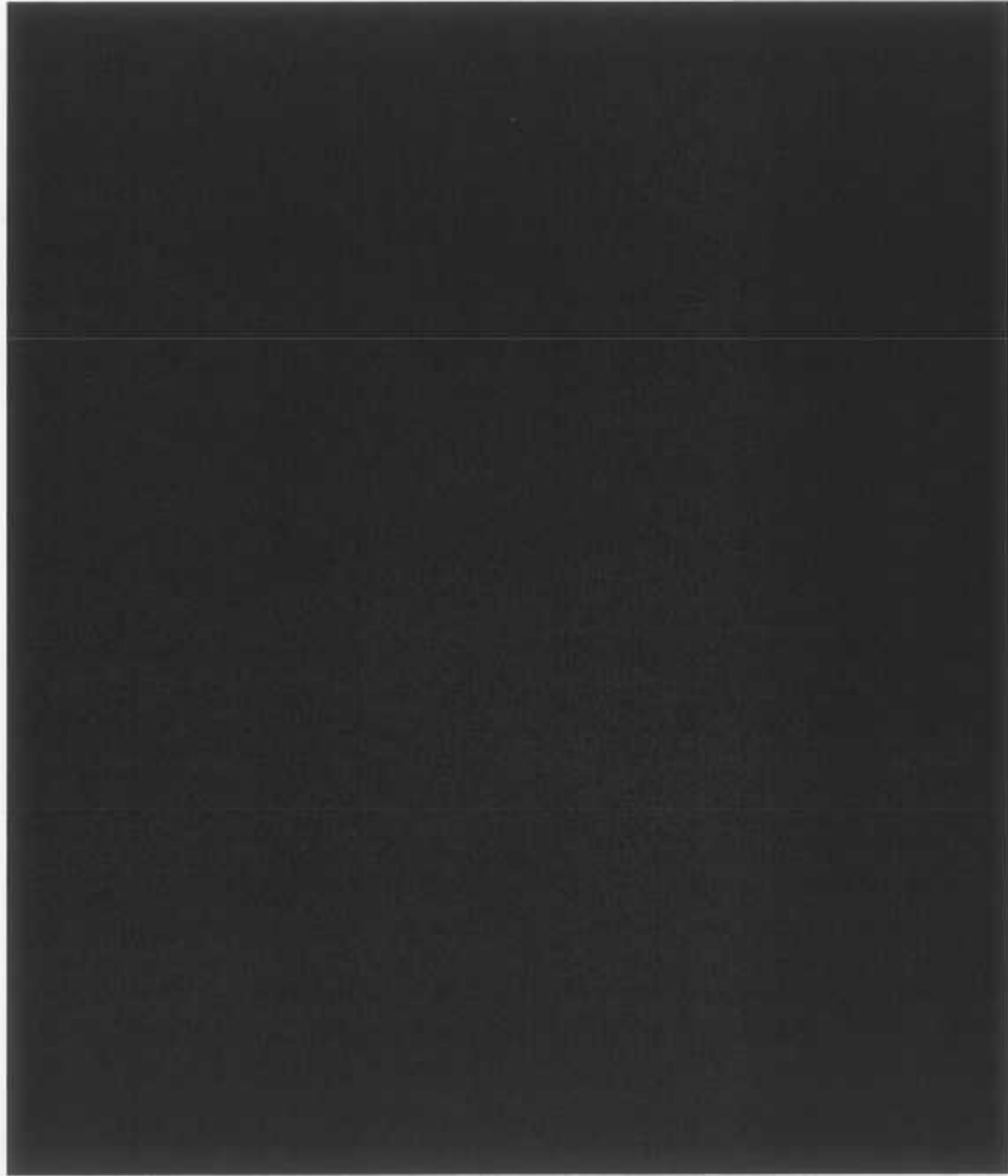
### Scope & Purpose:

1. An application for Duplicate Firearms Purchaser Identification Card will be accepted from an applicant who:
  - a. Has lost his or her Firearms Purchaser Identification Card or whose card has been stolen.

- b. Has a mutilated card.
    - 1. Old card will be surrendered and destroyed.
  - c. Has a Change of Name, Address or Sex
    - 1. Old card will be surrendered and destroyed.
    - 2. A copy of the court order or marriage certificate will accompany all requests for change of name.
2. "DUPLICATE" must be typed on the upper right corner of the new identification card.

**Investigation of the Applicant:**





**Issuance of the (Duplicate) Firearms Purchaser Identification Card:**

21. Complete the information required on the Firearms Purchaser Identification Card and accurately record the SBI number on the card. "Duplicate" must be typed on the upper right corner of all duplicate identification cards. The applicants SBI number must appear on the Firearms Purchaser Identification Card. Firearms Purchaser Identification Cards without a valid SBI number on them will be voided.
22. Have the Chief of Police sign the Duplicate Firearms Purchaser Identification Card. If your agency presently does not have a Chief, then the highest-ranking sworn officer

- is to sign the card. Departments with a public safety director are to have the highest-ranking police officer sign the card.
23. Duplicate Firearms Purchaser Identification Cards issued by the Division of State Police will be processed at the Firearms Investigation Unit. They will be returned to the investigating station for delivery to the applicant.
  24. Contact the applicant to pick up the card. Have the applicant place his or her right index fingerprint on the Duplicate Firearms Purchaser Identification Card and sign it in the presence of a police officer.

**Denying issuance of a Duplicate Firearms Purchaser Identification Card:**

1. If your background investigation revealed that the applicant is subject to any of the disabilities as set forth under NJSA 2C: 58-3c, you **must deny** the issuance of the Duplicate Firearms Purchaser Identification Card.
2. Have your Chief of Police, or highest-ranking officer as the case may be, indicate on the application that it is denied and the reason for the denial.
3. Notify the applicant by registered mail that their application for a Duplicate Firearms Purchaser Identification Card was denied and the reason for the denial.
4. Indicate in your letter that, by statute (2C: 58-3d), he or she has thirty days to appeal the denial by writing to the Superior Court in the County in which they reside asking for a hearing on the denial.
5. Also advise them that they must notify you in writing if they appeal the denial to the court.
6. Save the return on the registered letter as proof the letter was received.

**Retention of Applications & Support Documents:**

(State Police)

1. The Firearms Investigation Unit shall computerize and microfilm the original copy of the application and investigation report.
2. Stations shall maintain the yellow copy of the application and investigation report and any other ledgers or records associated with the Firearm Application. Master Name Index Cards will be maintained according to the appropriate S.O.P.

(Municipal Police)

1. Municipal departments are encouraged to maintain copies of the application and investigation report, as well as any support documents. This will aid you in future investigations of the same applicant, often alleviating the need to clear missing dispositions repeatedly.

**Disposition:**

(State Police)

1. Forward the following forms by interoffice mail to the Firearms Investigation Unit within five working days from the date the application is accepted at the station.
  - a. Original Application (STS-3)
  - b. Consent for Mental Health Records Search (SP-66)
  - c. Original Investigation Report (SP-407 & 407a)
  - d. Appropriate Fees. (see Fee Schedule)
2. Forward the applicant's fingerprints or SBI-212A form and corresponding fees immediately upon receipt to the SBI (see schedule attachment).

(Municipal Police)

1. Upon completion of the investigation and issuance or denial of the Duplicate Firearms Purchaser Identification Card forward the following form to the New Jersey State Police Firearms Investigation Unit.
  - a. Original Application (STS-3)
2. Forward the applicant's fingerprints or SBI-212A form and corresponding fees immediately upon receipt to the SBI (See schedule attachment)

If the Duplicate Firearms Purchaser Identification Card was denied by your agency, do not forward the STS-3 form until all court action has been completed, or until more than thirty days has elapsed from the time you notified the applicant of his or her denial. *If the denial was upheld in court or if the denial was overturned, forward a copy of the court order along with the original application.*



# Permit to Carry

## Permit to Carry a Handgun

### Applicant:

1. Must be at least twenty-one years of age.
2. Must be of good character and of good repute in the community in which he or she lives.
3. Can never have been convicted of a **crime** of the first, second, third or fourth degree in this state, or the equivalent in another state or jurisdiction, that has not been expunged or sealed.
4. Must not be a drug dependent person as defined in section 2 of P.L. 1970, c.226 (C.24: 21-2).
5. Must not be currently confined for a mental disorder to a hospital, mental institution or sanitarium.
6. Must not be a habitual drunkard.
7. Cannot suffer from a physical defect or disease that would make it unsafe for him or her to handle firearms.
8. Can never have been confined for a mental disorder.
9. Cannot be an alcoholic.
10. Persons who do not meet the requirements of items seven, eight and nine above are ineligible to obtain a Permit to Carry a Handgun, unless such person produces a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof, that he or she is no longer suffering from that particular disability in such a manner that would interfere with or handicap him or her in the handling of firearms.
11. Must not knowingly falsify any information on the application form or any other required document.
12. Must not be subject to a court order issued pursuant to section 13 of P.L. 1991, c.261 (C.2C: 25-29) prohibiting the applicant from possessing any firearm.
13. Must not be a person where the issuance of such permit would not be in the interest of the public health, safety or welfare.

### Application Process:

1. The applicant needs to complete the application (SP-642) in its entirety and in triplicate (Three original applications.) and submit the appropriate fee.
2. The applicant must submit four photographs (1 ½ x 1 ½ square)
3. The applicant needs to complete Part One of the 'Consent for Mental Health Records Search' (SP-66) form. The applicant should sign and date this form in the presence of the investigating officer, or other enlisted (sworn) officer if the investigating officer is not present. The officer receiving the form should sign it in the space provided for "Witness" and provide the department's information on the appropriate line. State Police Personnel will list their assigned station.

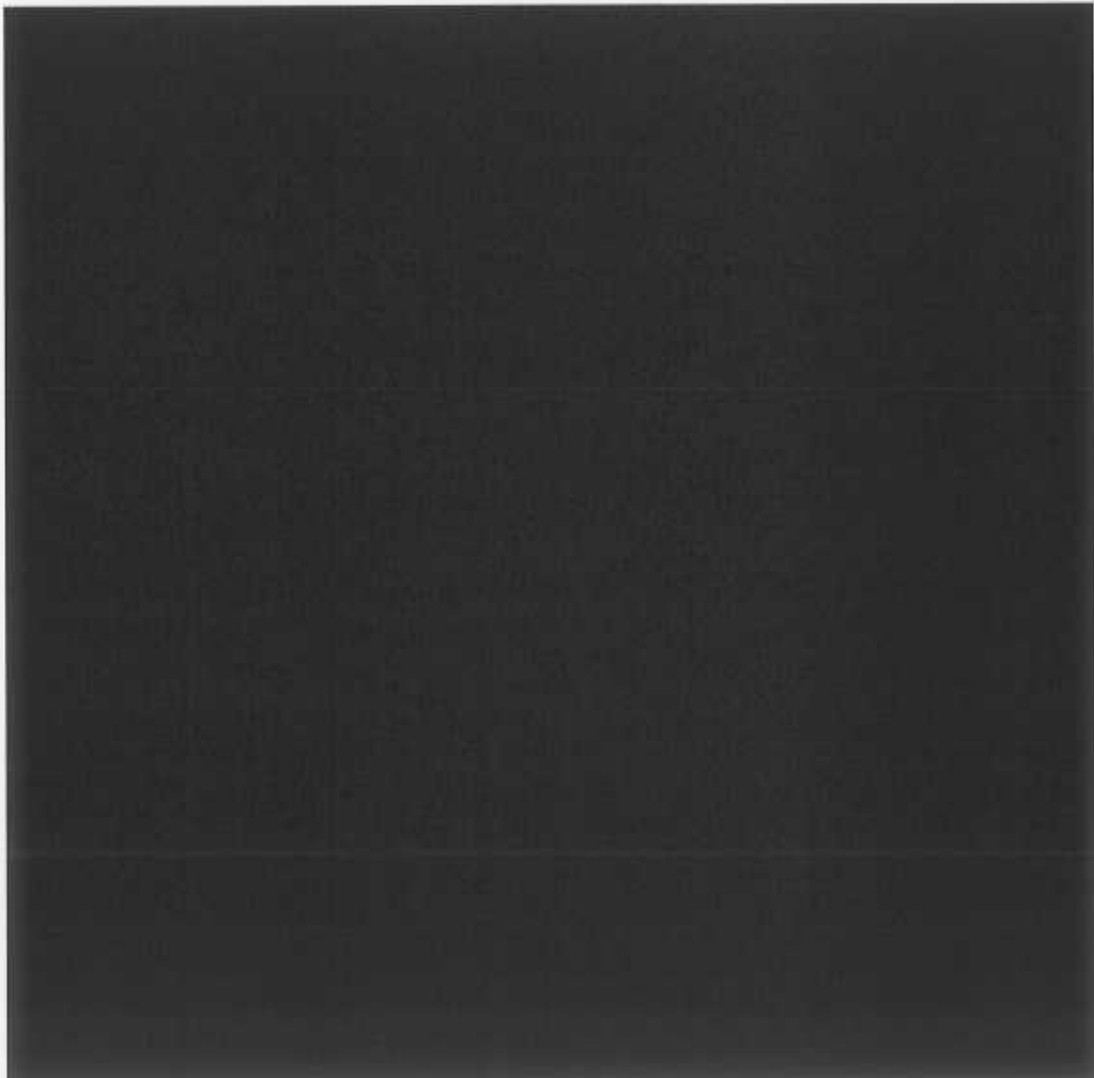


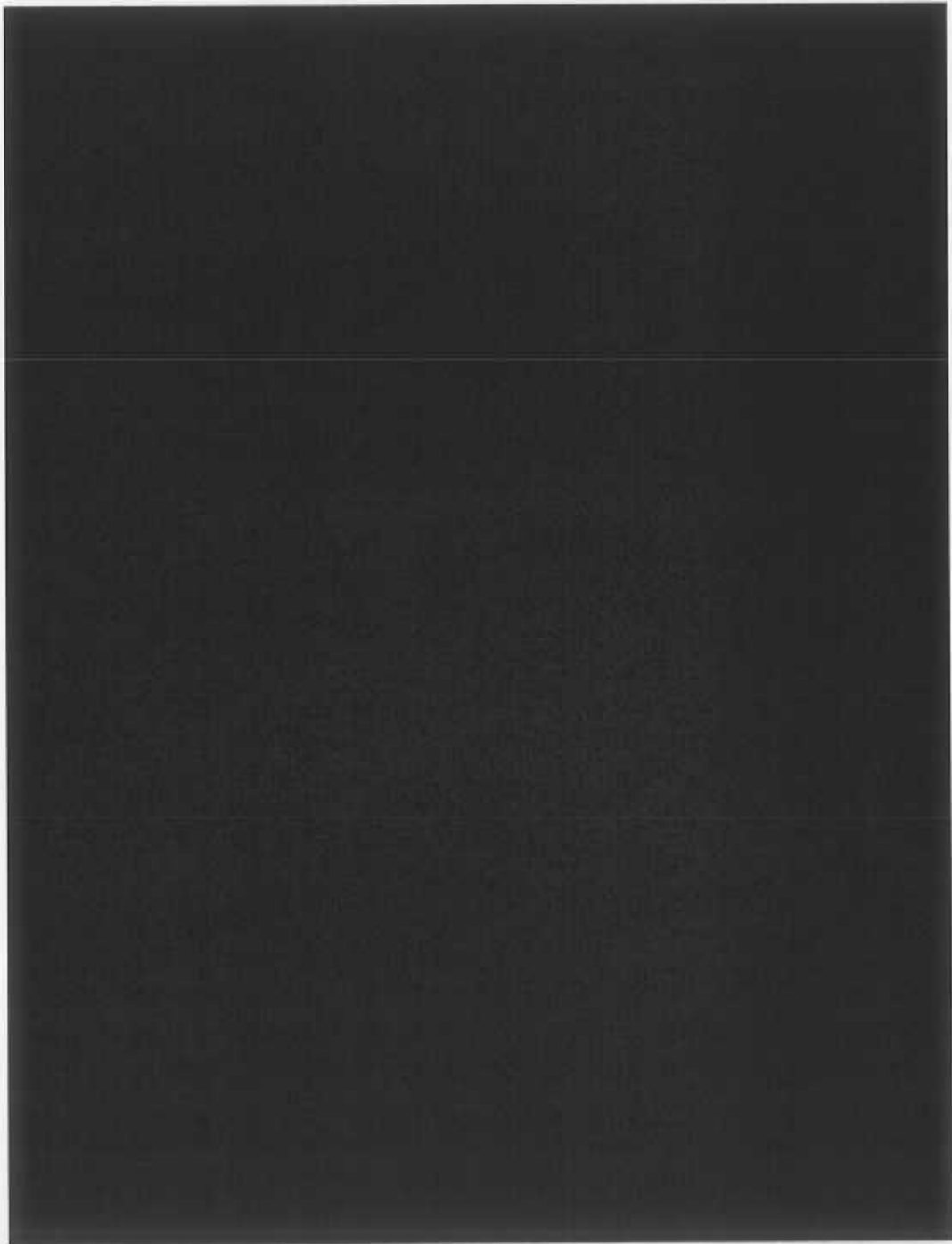
4. The applicant ***must*** be fingerprinted by the investigating department on both a state applicant fingerprint card (SBI-19) and a federal applicant fingerprint card (FD-258), and submit the appropriate fee.
5. The applicant must submit a notarized certification (letter) of need, specific in content, under oath, which:
  - a. In the case of a private citizen shall specify in detail the urgent necessity for self-protection, as evidenced by specific threats or previous attacks which demonstrate a special danger to the applicant's life that cannot be avoided by means other than by issuance of a permit to carry a handgun. Where possible the applicant shall corroborate the existence of any specific threats or previous attacks by reference to reports of such incidents to the appropriate law enforcement agencies; or
  - b. In the case of employees of private detective agencies, armored car companies and private security companies, that:
    - i. In the course of performing statutorily authorized duties, the applicant is subject to a substantial threat of serious bodily harm; and
    - ii. That carrying a handgun by the applicant is necessary to reduce the threat of unjustifiable serious bodily harm to any person.
6. If the applicant is an employee of an armored car company, his or her application shall be accompanied by a letter from the chief executive officer of the armored car company verifying employment of the applicant; endorsing approval of the application and agreeing to notify the Superintendent within five days of the termination of an employee to whom any permit is issued, and agreeing to obtain from that employee the permit, which shall be immediately surrendered to the Superintendent
7. The applicant must submit a complete list of each gun he or she intends to carry.
8. The applicant must produce evidence that he or she is thoroughly familiar with the safe handling and use of handguns. This may be evidenced in one of several ways:
  - a. Completion of a firearms training course substantially equivalent to the firearms training approved by the Police Training Commission as described by N.J.S.A. 2C: 39-6j;
  - b. Submission of an applicant's most recent handgun qualification scores utilizing the handgun(s) he or she intends to carry as evidenced by test firings administered by a certified firearms instructor of a police academy, a certified firearms instructor of the National Rifle Association, or any other recognized certified firearms instructor;
  - c. Completion of a course or test in the safe handling of a handgun administered by a certified firearms instructor of a police academy, a certified firearms instructor of the National Rifle Association, or any other recognized certified firearms instructor; or
  - d. Passage of any test in this State's laws governing the use of force administered by a certified instructor of a police academy, a certified instructor of the National Rifle Association, or any other recognized certified instructor.
9. Where available, the information in (8) above shall be accompanied and validated by certifications of the appropriate instructor(s). In the absence of, or in addition to (8) a

through d above, the applicant shall provide any other available and accurate information which may evidence his or her proficiency in the safe handling and use of firearms, including most recent handgun qualification scores and whether he or she utilized the handgun(s) he or she intends to carry, courses attended in the safe handling and use of firearms, and extent of knowledge, however gained, of this State's laws pertaining to the use of force in the defense of person and property.

10. The applicant must have his or her application endorsed by three reputable persons, who have known the applicant for at least three years preceding the date of the application, and who shall certify that the applicant is a person of good moral character and behavior.
11. This process shall be the same for initial applicants, as well as renewal applicants.

**Investigation of the Applicant:**





**Approval of the Permit to Carry a Handgun:**

1. Upon approval of the Chief of Police or the Superintendent:
2. Complete the information required on the Application for Permit to Carry Handgun.
3. Place the applicant's photograph on the application in the space provided.
4. Forward the following to the Superior Court:

- a. Applications with fee.
  - b. Signed Consent for Mental Health Records Search form.
  - c. Applicant's fingerprint returns, both state and federal.
  - d. Applicant's letter of need, and letter from employer if applicable.
  - e. Applicant's proof of safe handling and use of handguns.
  - f. Applicants complete list of guns he or she intends to carry.
  - g. Your investigation report (SP407 & SP407a).
5. Once issued by the court, keep a complete file of the application and support documents for your records.
  6. Municipal Departments are encouraged to photocopy the completed package prior to forwarding it to the court.

**Denying issuance of a Permit to Carry a Handgun:**

1. If your background investigation revealed that the applicant is subject to any of the disabilities as set forth under NJSA 2C: 58-3c, or if the applicant failed to satisfactorily justify his or her need to carry a handgun, or the applicant failed to satisfactorily demonstrate that he or she is thoroughly familiar with the safe use and handling and use of handguns, you must deny the Permit to Carry a Handgun.
2. Have your Chief of Police, or highest-ranking officer as the case may be, indicate on the application that it is denied and the reason for the denial.
3. Notify the applicant by registered mail that the application for a Permit to Carry a Handgun was denied and the reason for the denial.
4. Indicate in your letter that, by statute (2C: 58-4e), he or she has have thirty days to appeal the denial by writing to the Superior Court in the county in which they reside, or in the case of an employee of an armored car company, to the Superior Court in which the applicant intended to carry the firearm, requesting a hearing on the denial.
5. Also advise them that they must notify you in writing if they appeal the denial to the court.
6. In some cases, the Chief of Police or Superintendent as the case may be, may approve the application and the Superior Court where it was forwarded to may deny it. In these instances you should also notify the applicant by registered mail that his or her Permit to Carry a Handgun was denied by the court and explain the appeal process as described above. (In most cases, their appeal will be heard by the same judge who just denied the permit.)
7. Save the return on the registered letter as proof the letter was received.

**Retention of Applications & Support Documents:**

(State Police)

1. The Firearms Investigation Unit shall computerize and microfilm the original copy of the application and investigation report.
2. Stations shall maintain a photocopy of the application and investigation report and any other ledgers or records associated with the Firearm Application. Master Name Index Cards will be maintained according to the appropriate S.O.P.

(Municipal Police)

1. Municipal departments are encouraged to maintain copies of the application and investigation report, as well as any support documents. This will aid you in future investigations of the same applicant, often alleviating the need to clear missing dispositions repeatedly.

**Disposition:**

(State Police)

1. Forward the following forms by interoffice mail to the Firearms Investigation Unit within five working days from the date the application is accepted at the station.
  - a. Original Application's (SP-642)
  - b. Consent for Mental Health Records Search (SP-66)
  - c. Original Investigation Report (SP-407 & 407a)
  - d. Appropriate Fee. (see Fee Schedule)
  - e. Applicant's qualifications.
2. Forward the applicant's fingerprints and corresponding fee immediately upon receipt to the SBI (see schedule attachment).

(Municipal Police)

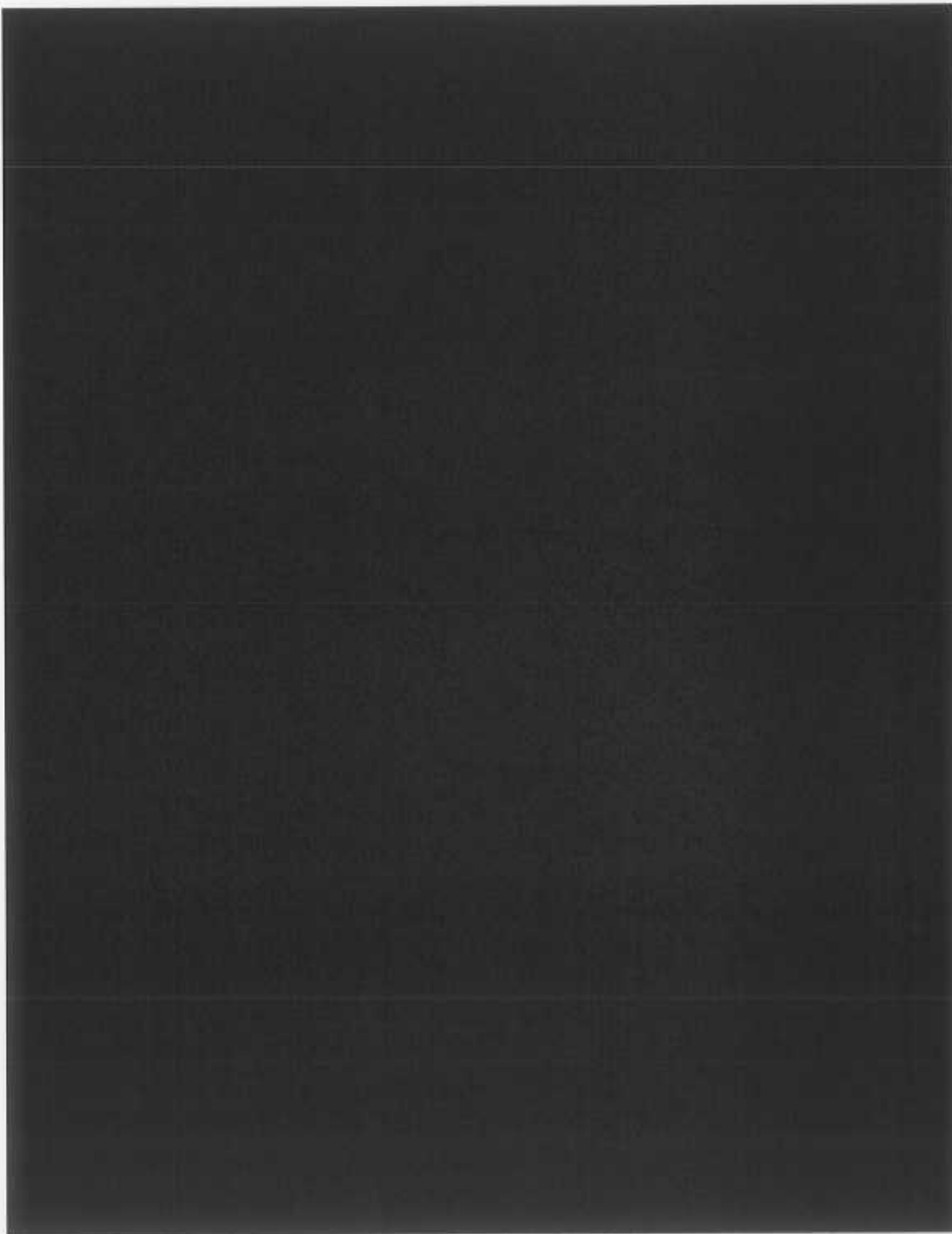
1. Upon completion of the investigation and issuance or denial of the Permit to Carry a Handgun, forward the following form to the New Jersey State Police Firearms Investigation Unit.
2. Original Application (SP-642)
3. Forward the applicant's fingerprints and corresponding fee immediately upon receipt to the SBI (see schedule attachment).

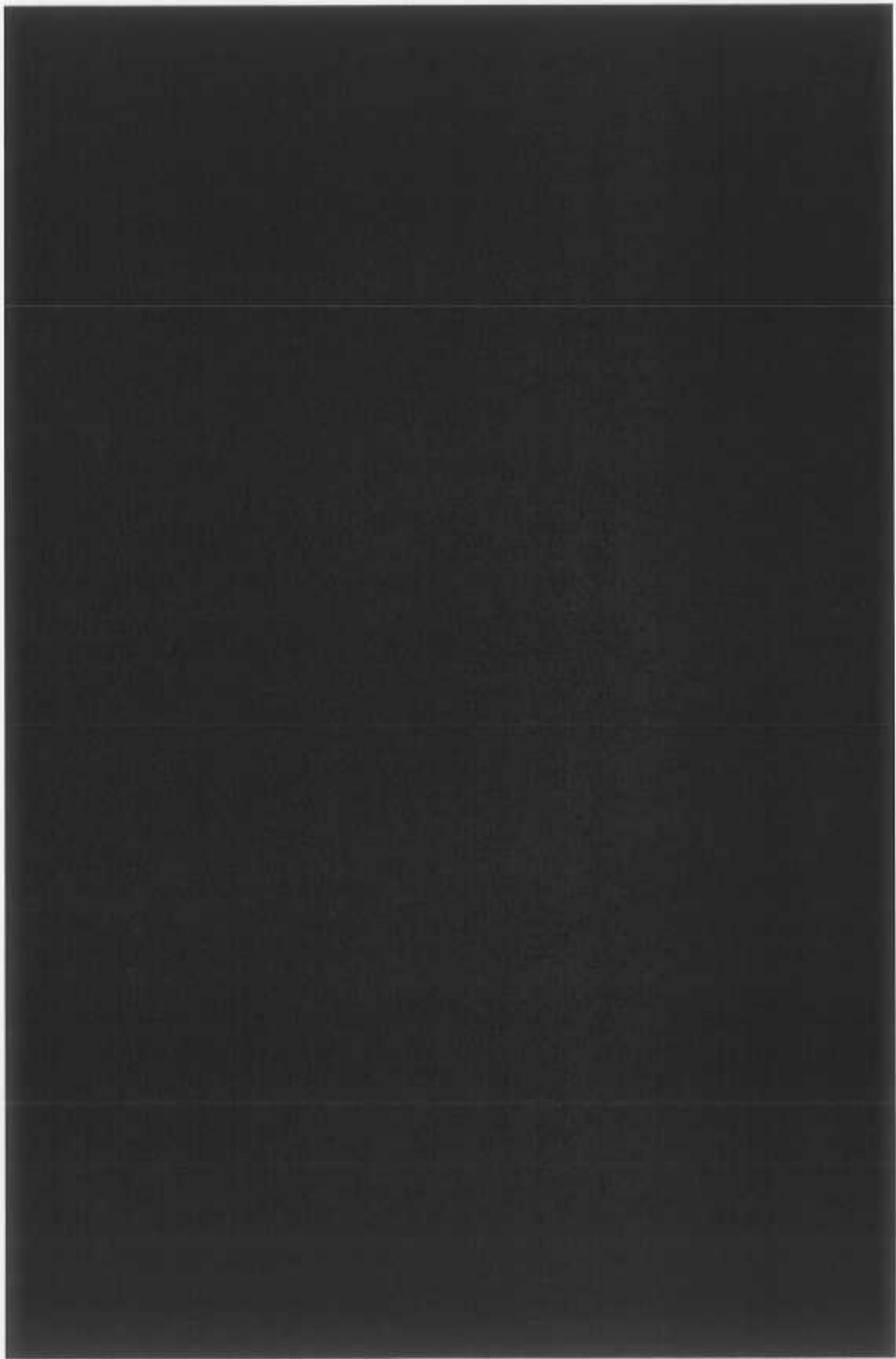
If the Permit to Carry a Handgun was denied, either by your agency or the court, do not forward the SP-642 form until all court action has been completed, or until more than thirty days has elapsed from the time you notified the applicant of his or her denial. *If the denial was upheld in court or if the denial was overturned, forward a copy of the court order along with the original application.*



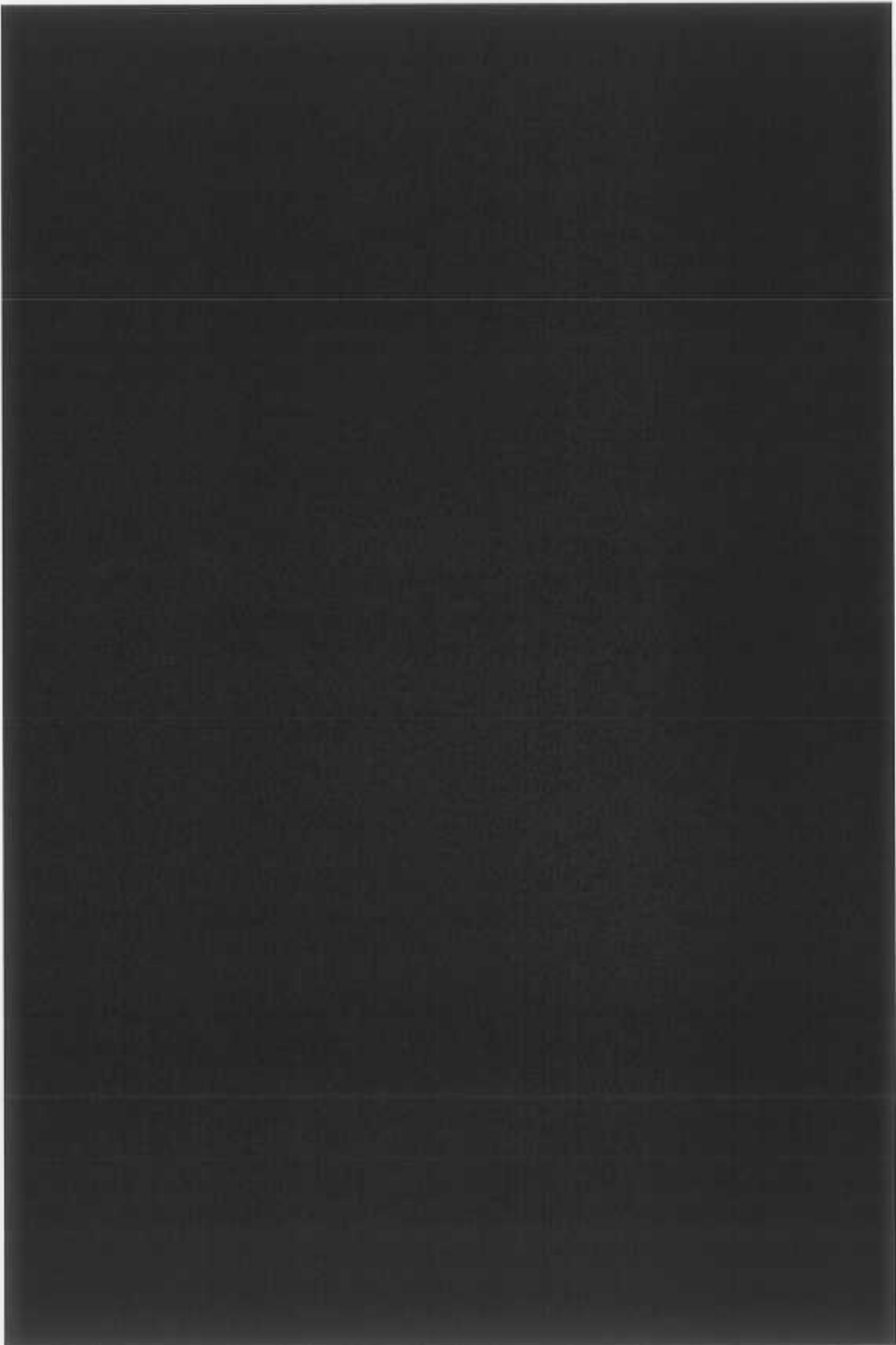
# Firearms Investigation Report

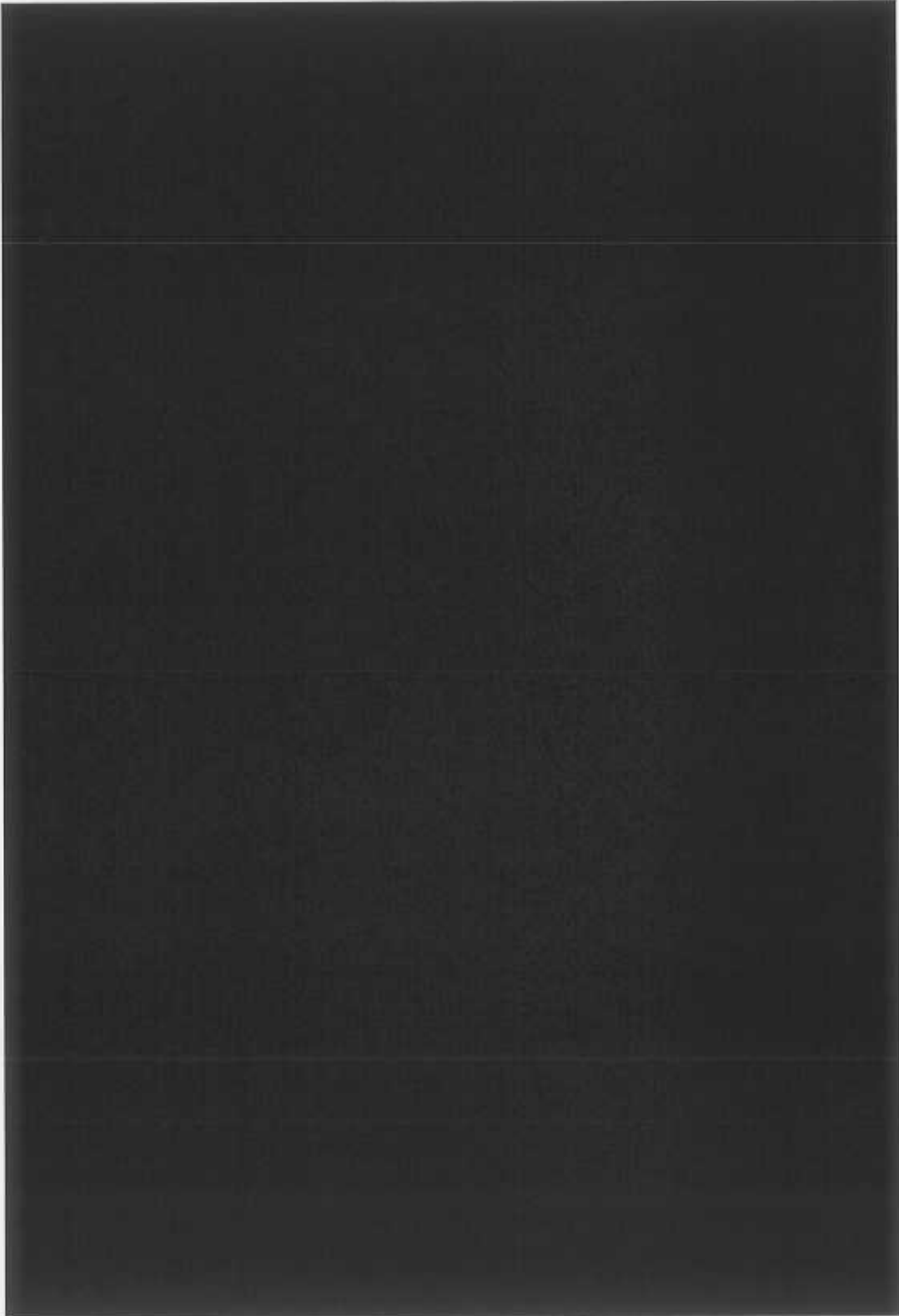
## Firearms Applicant Investigation Report















# Schedule "A"

## Schedule "A"

This schedule identifies the various firearms forms and their applications. These are the only forms authorized by law to process firearm applicants. All of these forms are available from the New Jersey State Police.

1. Application for Firearms Purchaser Identification Card/ Application to Purchase a Handgun: STS-33 form is completed by any person who requires a Permit to Purchase a Handgun, or a Firearms Purchaser Identification Card.
2. Application for a Duplicate Firearms Purchaser Identification Card: STS-3 form is completed by any person who requires a change of name, address or sex, or to replace a lost, mutilated, or stolen Firearms Purchaser Identification Card.
3. Application for a Permit to Carry a Handgun: SP-642 form is completed by any person whose employment or personal safety requires the carrying of a handgun.
4. Consent for Mental Health Records Search: SP-66 form is completed by any person submitting any firearm application.
5. Voluntary Form of Firearm Registration: SP-650 form is completed by any person who chooses to voluntarily register any firearm, which has been lawfully obtained in accordance with the regulatory provisions of all state laws. One firearm is registered per form.
6. State of New Jersey Firearms Purchaser Identification Card: SP-645 form is issued by the applicant's residing authority and is utilized for obtaining long guns and antique cannons. This card is valid until revoked by order of a Superior Court Judge.
7. Certificate of Eligibility: SP-634 form is completed for each long gun transferred from owner to receiver.
8. State of New Jersey Permit to Carry a Handgun: SP-159A form is completed and issued by the Superior Court to any person qualifying for a permit to carry a handgun.
9. Permit to Purchase a Handgun: SP-671 form is issued by the applicant's residing authority and is utilized for obtaining a handgun within the State of New Jersey only. It is valid for ninety (90) days from the date of issue and may be extended by the issuing authority for an additional ninety (90) days, provided that it may only be valid for a total of not more than one-hundred eighty (180) consecutive days from the original date of issue.
10. Firearms Applicant Investigation Report: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]
11. Firearms Applicant Investigation Report: [REDACTED]  
[REDACTED]  
[REDACTED]

- [REDACTED]
- [REDACTED]
12. Applicant Fingerprint Card: *SP-19* form is the State of New Jersey fingerprint identification card on which an officer collects the applicant's fingerprints for qualifying the applicant for a firearm permit. This card is then forwarded to the State Bureau of Identification.
  13. Federal Bureau of Investigation Applicant Fingerprint Card: *FD-258* form is the federal fingerprint card, on which an officer collects the applicant's fingerprints for qualifying the applicant for a firearm permit. This card is then forwarded along with *SP-19* to the State Bureau of Identification
  14. Request for Criminal History Record Information for a Non-Criminal Justice Purpose: *SBI-212A\** form is utilized to search the records of the State Bureau of Identification subsequent to an applicant being fingerprinted, searched, and assigned an SBI number for a firearm permit.
  15. Application for a Retired Law Enforcement Officer Permit to Carry a Handgun: *SP-232* form is the application a retired police officer files with the Superintendent to obtain a Retired Officers Permit to Carry.
  16. Renewal Application For a Retired Law Enforcement Officer Permit to Carry a Handgun: *SP-232A* form is the application a retired police officer files annually with the Superintendent to renew his or her RPO permit to carry.

**\* Please Note: The SBI-212A is a yellow form. Only original SBI-212A's (yellow form) will be accepted for processing by the State Bureau of Identification. Photocopies will not be accepted by the SBI.**



# Fee Schedule

## Firearm Applicant Fee Schedule

1. Application for Firearms Purchaser Identification Card/ STS-33: \$5.00.  
State Police: A check or money order payable to Division of State Police.  
Municipal Police: A check or money order payable to the township or city.
2. Application to Purchase a Handgun/ STS-33: \$2.00.  
State Police: A check or money order payable to Division of State Police.  
Municipal Police: A check or money order payable to the township or city.
3. Application for a Duplicate Firearms Purchaser Identification Card/ STS-3:  
There is no fee for a Duplicate Firearms Purchaser Identification Card.
4. Application for a Permit to Carry a Handgun/ SP-642: \$20.00.  
State Police & Municipal Police: A check or money order payable to: State of New Jersey.
5. Applicant Fingerprint Cards/ SP-19 & FD-258: \$54.00.  
State Police & Municipal Police: A money order payable to: Division of State Police SBI.
6. Request for Criminal History Record Information for a Non-Criminal Justice Purpose/ SBI212A: \$18.00.  
State Police & Municipal Police: A money order payable to: Division of State Police SBI.
7. Retired Police Officer's Permit to Carry\*: \$50.00.  
\*These applications are available at any State Police Barracks and processed by the Firearms Investigation Unit. A money order payable to: Superintendent of State Police.
8. Retired Police Officer's Fingerprint Fee: \$30.00.  
A money order payable to: Division of State Police SBI.
9. Retired Police Officer's 'Flag Fee'\*: \$10.00.  
\*This is a one-time fee that is to be submitted with an initial application for a Retired Police Officer's Permit to Carry. A money order payable to: Division of State Police SBI.





# Ordering Forms

## Firearm Applicant Forms & Ordering Procedure

The following forms are available to Division of State Police members at Troop Headquarters or Division Headquarters at the Firearms Investigation Unit. Forms will be picked up by the requesting station.

1. FD258/ Federal Bureau of Investigation Applicant Fingerprint Card.
2. SBI212A/ Request for Criminal History Record Information for a Non-Criminal Justice Purpose.
3. SP19/ Applicant Fingerprint Card.
4. SP66/ Consent for Mental Health Records Search.
5. SP232/ Application for a Retired Law Enforcement Officer Permit to Carry a Handgun.
6. SP232A/ Renewal Application For a Retired Law Enforcement Officer Permit to Carry a Handgun.
7. SP634/ Certificate of Eligibility.
8. SP642/ Application for a Permit to Carry a Handgun.
9. SP650/ Voluntary Form of Firearms Registration.
10. STS3/ Application for a Duplicate Firearms Purchaser Identification Card.
11. STS33/ Application for Firearms Purchaser Identification Card/ Application to Purchase a Handgun.

The following forms are available to police departments at the State Police Forensic Laboratories and must be picked up by the requesting agency.

1. SP66/ Consent for Mental Health Records Search.
2. SP642/ Application for a Permit to Carry a Handgun.
3. SP650/ Voluntary Form of Firearms Registration.
4. STS3/ Application for a Duplicate Firearms Purchaser Identification Card.
5. STS33/ Application for Firearms Purchaser Identification Card/ Application to Purchase a Handgun.

The following forms are available to police departments at State Police Division Headquarters State Bureau of Identification (SBI).

1. FD258/ Federal Bureau of Investigation Applicant Fingerprint Card.
2. SBI212A/ Request for Criminal History Record Information for a Non-Criminal Justice Purpose.
3. SP19/ Applicant Fingerprint Card.

The following forms are available to both members of the Division of State Police and police departments directly from the Firearms Investigation Unit and may be picked up in person. They will be mailed to departments who request them by fax or mail.

1. SP645/ State of New Jersey Firearms Purchaser Identification Card.
2. SP671/ Permit to Purchase a Handgun & Form of Register.

The following forms are available to Retired Law Enforcement Officer's at any State Police road station:

1. SP232/ Application for a Retired Law Enforcement Officer Permit to Carry a Handgun.
2. SP232A/ Renewal Application For a Retired Law Enforcement Officer Permit to Carry a Handgun.



# Frequent Questions

## Frequently Asked Questions

This section of the guide will attempt to answer some of the frequently asked questions about New Jersey's gun laws in general, and the firearm application process.

- Q.** I want to buy a shotgun, what permit(s) do I need?
- A.** A person who wishes to obtain long-arms, (shotguns, rifles, muzzle loading rifles or BB rifles) first needs to make application for and be issued a Firearms Purchaser Identification Card.
- Q.** How do I get a Firearms Purchaser Identification Card?
- A.** You must apply at your local full time police department. If you do not have a local full time police department, you must apply at the State Police Barracks that provides your 'local police' protection.
- Q.** I live outside of New Jersey; can I apply for a Firearms Purchaser Identification Card?
- A.** Yes. You can make application for a Firearms Purchaser Identification Card at the State Police Barracks located closest to your residence (excluding those located on toll roads).
- Q.** I'm not a citizen of the United States; can I be issued a Firearms Purchaser Identification Card?
- A.** Yes. If you reside in New Jersey in a municipality with a full time police department, you may apply there. If you reside outside of New Jersey, you can apply at any State Police Barracks (excluding toll roads).
- Q.** How long will it take to be issued a Firearms Purchaser Identification Card?
- A.** If you've never applied for a firearm permit before, it will probably take about three months. This is typically the length of time it takes the FBI to process your fingerprints. If you've already received either a Permit to Purchase a Handgun or a Permit to Carry a handgun, and if your department doesn't fingerprint you again, it should take about one month.
- Q.** Once I have obtained a Firearms Purchaser Identification Card (FAID), where can I purchase long-arms?
- A.** You may purchase long-arms with your FAID card at licensed (both a state and federal license) gun shops within New Jersey. You may purchase long-arms at any federally licensed firearms dealer in any state, at their place of business. You may also purchase long-arms from any private citizen who resides within the state of New Jersey, while actually in New Jersey.

- Q.** Can I purchase or receive a long-arm directly from someone in another state?
- A.** No. It is a violation of federal law for a resident of one state to receive a firearm of any kind from a resident of another state. In order for this type of transfer to proceed legally, it must go through a licensed firearms dealer in the state where the firearm is to be received. In New Jersey that means the dealer must have both a New Jersey State Retail Firearms Dealers License and a Federal Firearms License. A firearm transferred in such a manner may either be brought directly to the gun shop, or shipped there by the person in the foreign state.
- Q.** What form(s) must I complete when I buy or receive a long-arm?
- A.** If you purchase or receive a long-arm from a licensed dealer, he or she will have all the proper forms for you to complete. If you purchase or receive a long-arm from a private citizen, you must complete a Certificate of Eligibility. They are available at any licensed firearms dealer in the State of New Jersey.
- Q.** Can someone from another state bring a firearm into New Jersey?
- A.** Yes. Persons from other states may transport their firearm(s) into and through New Jersey. They may bring them (directly) to a gun shop, practice facility or a private residence. You may also hunt with your long-gun, with current and appropriate licenses.
- Q.** How do I legally transport my long-arm(s)?
- A.** All firearms must be transported unloaded and contained in a closed and fastened case, gun box, securely tied package, or locked in the trunk of the automobile in which it is being transported, and in the course of travel shall include only such deviations as are reasonably necessary under the circumstances (NJSA 2C:39-6g).
- Q.** I want to buy or receive a handgun, what permit is needed?
- A.** Persons who wish to obtain handguns (including BB handguns and muzzle loading pistols) first need to make application for and be issued a Permit to Purchase a Handgun.
- Q.** How do I get a Permit to Purchase a Handgun?
- A.** You must apply at your local full time police department. If you do not have a local full time police department, you must apply at the State Police Barracks that provides your 'local police' protection.
- Q.** I live outside of New Jersey; can I apply for a Permit to Purchase a Handgun?
- A.** No. Federal law prohibits persons from buying or receiving a handgun in any state other than the one in which they reside. Therefore, the New Jersey State Police will not accept applications for handgun permits from non-residents.
- Q.** I'm not a citizen of the United States; can I be issued a Permit to Purchase a Handgun?
- A.** Yes. If you reside in New Jersey in a municipality with a full time police department, you may apply there. If you reside in an area of New Jersey without a full time

municipal police department, you can apply at the State Police Barracks that serves your area.

- Q. How long will it take to be issued a Permit to Purchase a Handgun?  
A. If you've never applied for a firearm permit before, it will probably take about three months. This is typically the length of time it takes the FBI to process your fingerprints. If you've already received either a Firearms Purchaser Identification Card or a Permit to Carry a handgun, and if your department doesn't fingerprint you again, it should take about one month.
- Q. Once I have a Permit to Purchase a Handgun, where can I purchase a handgun?  
A. You may purchase handguns your Permit at licensed (both a state and federal license) gun shops within New Jersey. You may also purchase handguns from any private citizen who resides within the state of New Jersey, while actually in New Jersey.
- Q. Can I purchase or receive a handgun directly from someone in another state?  
A. No. It is a violation of Federal law for a resident of one state to receive a firearm of any kind from a resident of another state. In order for this type of transfer to proceed legally, it must go through a licensed firearms dealer in the state where the firearm is to be received. In New Jersey that means the dealer must have both a New Jersey State Retail Firearms Dealers License and a Federal Firearms License. A firearm transferred in such a manner may either be brought directly to the gun shop, or shipped there by the person in the foreign state.
- Q. What form(s) must I complete when I buy or receive a handgun?  
A. If you purchase or receive a handgun from a licensed dealer, he or she will have all the proper forms for you to complete. If you purchase or receive a handgun from a private citizen, you must complete the information required on the permit at the time you take possession of the handgun.
- Q. How do I legally transport my handgun(s)?  
A. All firearms must be transported unloaded and contained in a closed and fastened case, gun box, securely tied package, or locked in the trunk of the automobile in which it is being transported, and in the course of travel shall include only such deviations as are reasonably necessary under the circumstances. (NJSA 2C:39-6g)
- Q. I'm not a policeman, are hollow point bullets legal for me to possess?  
A. Yes. They are legal to possess in your home or on land owned by you. They are legal to possess and use at the practice range. They are also legal for hunting in certain instances. They are also legal to possess while traveling to and from such places.
- Q. I've just been notified that I was willed a firearm and I don't have a Firearms Purchaser Identification Card, how can I legally receive it?  
A. Person's who are willed a firearm do not need to have a Firearms Purchaser Identification Card or a Permit to Purchase a Handgun to legally take possession of it.

N.J.S.A. 2C:58-3j stipulates that in such circumstances, all that is required is that the person receiving the firearm, not be subject to the disabilities set forth in 2C:58-3c. If the intended recipient is subject to any of the disabilities under 2C:58-3c, he or she may maintain ownership (not possession) for a period of 180 days, so that the gun may be sold. The firearm is to remain in the custody of the Chief of Police in the municipality where the heir resides or the Superintendent as the case may be.

- Q. I want to go hunting, but don't own a gun. Can I borrow one?
- A. Yes. You may borrow a gun (rifle or shotgun) from the legal owner of such weapon, provided that your possession of it, is not more than eight consecutive hours in a twenty-four hour period, and provided that you are not subject to any of the disabilities as set forth under NJSA 2C:58-3c. The legal owner of the gun must remain in close proximity to you and the firearm at all times. (2C:58-3.1)
- Q. What types of firearms are considered assault weapons?
- A. A complete list can be found in N.J.S.A. 2C:39-1w.
- Q. How do I determine if a weapon is substantially similar to a named weapon?
- A. The Attorney General of the State of New Jersey determined that the term substantially similar means:
- A semi-automatic rifle that has the ability to accept a detachable magazine and has at least two of the following:
    - A folding or telescoping stock.
    - A pistol grip that protrudes conspicuously beneath the action of the weapon.
    - A bayonet mount.
    - A flash suppressor or threaded barrel designed to accommodate a flash suppressor.
    - A grenade launcher.
  - A semi-automatic pistol that has an ability to accept a detachable magazine and has at least two of the following:
    - An ammunition magazine that attaches to the pistol outside of the pistol grip.
    - A threaded barrel capable of accepting a barrel extender, flash suppressor, forward handgrip, or silencer.
    - Manufactured weight of 50 ounces or more when the pistol is unloaded.
    - A semiautomatic version of an automatic firearm.
  - A semi-automatic shotgun that has at least two of the following:
    - A folding or telescoping stock.
    - A pistol grip that protrudes conspicuously beneath the action of the weapon.
    - A fixed magazine capacity in excess of 5 rounds.
    - An ability to accept a detachable magazine.



*\* Please note that according to N.J.S.A. 2C: 39-1w3, a semi-automatic shotgun with either a pistol grip, folding stock or a magazine capacity exceeding six rounds, is by definition an assault firearm.*

**Q.** I've just moved into New Jersey and I own several firearms, what permits do I need?

**A.** New Jersey is a voluntary registration state. A person who moves into New Jersey from another jurisdiction, may keep firearms legally possessed prior to the move. No permits or ID cards are needed. There are several conditions that may apply however.

1. If the owner of the firearm(s) is subject to any of the disabilities under NJSA 2C: 58-3c, he or she may only retain ownership for a period of 180 days. He must surrender, sell or otherwise legally transfer the firearms that he owns within that time period.
2. If any of the weapons are considered assault firearms (or high capacity magazines) under New Jersey law, those weapons may not be brought into New Jersey and must be disposed of legally (under the former jurisdiction's laws) prior to the individual moving into New Jersey.

Persons who move into New Jersey may voluntarily register their firearm(s) at their local police department or State Police station as the case may be, utilizing form SP650.



# Police Applicants ID Cards

## **Processing the Police Officer/ Applicant**

### **Firearms Purchaser Identification Card**

Police officers who desire a Firearms Purchaser Identification Card must make application at the police department in the municipality in which they reside. The following procedure is designed to assist the investigating agency in the timely processing of this type of application.

**The following procedure is for officers (non State Police) who reside in one town, but work in another.**

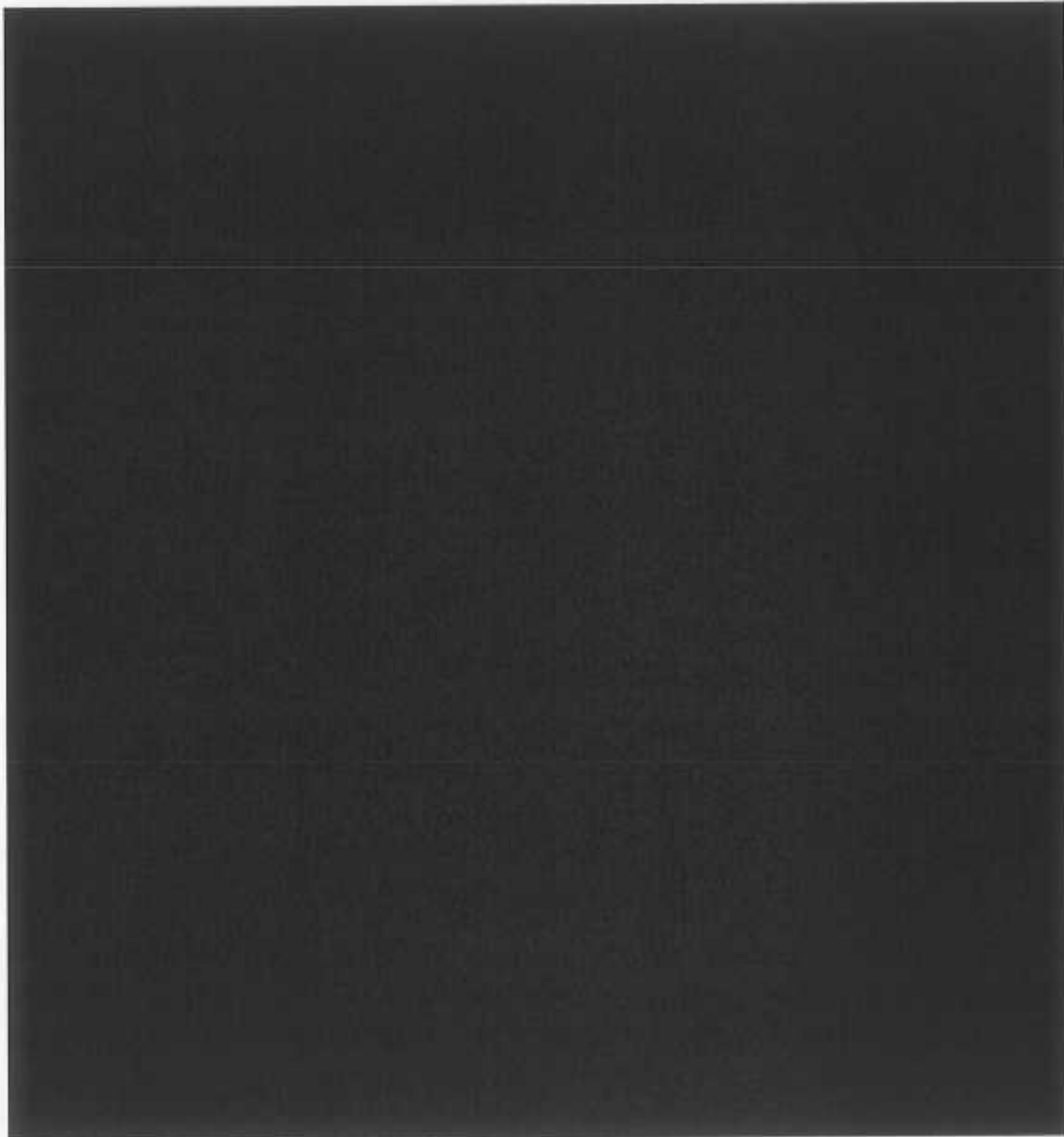
#### **Applicant:**

1. Must be at least eighteen years of age.
2. Must be a police officer (full time) with an organized full time police department.
3. Must not be subject to a court order issued pursuant to section 13 of P.L. 1991, c.261 (C.2C: 25-29) prohibiting the applicant from possessing any firearm.

#### **Application Process:**

1. The officer needs to complete the application (STS-33) in its entirety and submit the appropriate fee.
2. The officer needs to complete Part One of the 'Consent for Mental Health Records Search' (SP-66) form. The officer should sign and date this form in the presence of the investigating officer, or other enlisted (sworn) officer if the investigating officer is not present. The officer receiving the form should sign it in the space provided for "Witness" and provide the department's information on the appropriate line. State Police personnel will list their assigned station.
3. Make a photocopy of the officer's police identification and attach it to the application.
4. Ascertain if the officer has a valid SBI number. If he/she does then they are to complete and submit a "Request for Criminal History Record Information for a Non-Criminal Justice Purpose" form (SBI-212A), and submit the appropriate fee. If the officer does not have a valid SBI number, then the officer is to be fingerprinted by your department on both a state applicant fingerprint card (SBI-19) and a federal applicant fingerprint card (FD-258), and submit the appropriate fee.
5. The officer's first reference is to be his or her immediate supervisor. The second reference is to be the Chief of Police for the town they work in.

**Investigation of the Applicant:**



**Issuance of the Firearms Purchaser Identification Card:**

1. Complete the information required on the Firearms Purchaser Identification Card and accurately record the SBI number on the card. \* Past practice allowed municipal departments to record a number on the Firearms Purchaser Identification Card other than the SBI number when the applicant's fingerprints were unclassifiable by the SBI. This is not an accepted practice any longer. The applicants SBI number must appear on the Firearms Purchaser Identification Card. If the prints are unclassifiable by the SBI, contact the SBI in order to resolve the problem. If you are aware of anyone in your community who does not have his or her SBI number on the Firearms Purchaser

Identification Card, encourage him or her to update the card. Firearms Purchaser Identification Cards without valid SBI numbers on them will be voided.

2. Have the Chief of Police sign the Firearms Purchaser Identification Card. If your agency presently does not have a Chief, then the highest-ranking officer is to sign the card. Departments with a public safety director are to have the highest-ranking sworn police officer sign the card.
3. Firearms Purchaser Identification Cards issued by the Division of State Police will be processed at the Firearms Investigation Unit. They will be returned to the investigating station for delivery to the applicant.
4. Contact the applicant to pick up the card. Have the applicant place his or her right index fingerprint on the Firearms Purchaser Identification Card and sign it in the presence of a police officer.

**Denying issuance of a Firearms Purchaser Identification Card:**

1. If your background investigation revealed that the applicant is subject to any of the disabilities as set forth under NJSA 2C: 58-3c, you **must deny** the issuance of the Firearms Purchaser Identification Card.
2. Have your Chief of Police, or highest-ranking officer as the case may be indicate on the application that it is denied and the reason for the denial.
3. Notify the applicant by registered mail that their application for a Firearms Purchaser Identification Card was denied and the reason for the denial.
4. Indicate in your letter that, by statute (2C: 58-3d), he or she has thirty days to appeal the denial by writing to the Superior Court in the County in which they reside asking for a hearing on the denial.
5. Also advise them that they must notify you in writing if they appeal the denial to the court.
6. Save the return on the registered letter as proof the letter was received.



# **Police Applicants Permit to Purchase**

## Processing the Police Officer/ Applicant

### Permit to Purchase a Handgun

Police officers are encouraged to apply for their Permit to Purchase a Handgun at the department where they work, regardless of whether or not they reside in that locality. The only stipulation generally required is that the chief of police in the municipality where the officer resides agrees that the Chief in the town where the officer works may issue the permit. If the chief in the 'home' municipality does not agree to this, then the officer must apply at his or her hometown police department. The investigation procedure will be the same as outlined above for issuance of a Firearms Purchaser Identification Card.

The following procedure is for processing permits of officers that apply for their permit(s) in the town where they work.

**The following procedure is for officers (non State Police) who apply for a Permit to Purchase a Handgun at the department where they work, regardless of residency.**

#### **Applicant:**

1. Must be at least eighteen years of age.
2. Must be a police officer (full time) with an organized full time police department.
3. Must not be subject to a court order issued pursuant to section 13 of P.L. 1991, c.261 (C.2C: 25-29) prohibiting the applicant from possessing any firearm.

#### **Application Process:**

1. The officer needs to complete the application (STS-33) in its entirety and submit the appropriate fee.
2. The officer needs to complete Part One of the 'Consent for Mental Health Records Search' (SP-66) form. The officer should sign and date this form in the presence of the investigating officer, or other enlisted (sworn) officer if the investigating officer is not present. The officer receiving the form should sign it in the space provided for "Witness" and provide the departments information on the appropriate line. State Police personnel will list their assigned station.
3. Make a photocopy of the officer's police identification and attach it to the application.
4. Ascertain that the officer has a valid SBI number.
5. If the officer does not have a valid SBI number, then the officer is to be fingerprinted on both a state applicant fingerprint card (SBI-19) and a federal applicant fingerprint card (FD-258), and submit the appropriate fee.
6. The officer's first reference is to be his or her immediate supervisor. The second reference is to be the Chief of Police for the town they work in.

**Investigation of the Applicant:**



**Issuance of the Permit to Purchase a Handgun & Form of Register:**

1. Complete the information required on the Permit to Purchase a Handgun & Form of Register and accurately record the SBI number on the permit.
2. Have the Chief of Police sign the permit. If your agency presently does not have a Chief, then the highest-ranking officer is to sign the card. Departments with a public safety director are to have the highest-ranking police officer sign the card. Have this officer place his Title of Office in the space provided.
3. Insert the permit number in the space provided. (This is your departments internal tracking number for the permit)
4. Have the applicant sign the permit in your presence in the space provided.

**Delaying issuance of a Permit to Purchase a Handgun & Form of Register:**

1. If your background investigation revealed a reason to delay the issuance of the permit, then do so until authorized by the Chief of Police to issue the permit.





# State Police Applicants

## **Process for Permits and Identification Cards for Members of the Division of State Police**

Members of the Division of State Police should make all applications for firearm-related permits to the Division of State Police. They shall complete the application for a Firearms Purchaser Identification Card or Permit to Purchase a Handgun in its entirety and forward it with the appropriate fee via interoffice mail to the Firearms Investigation Unit. Members will place their badge number in the upper right hand corner of the application.

The member will list his or her immediate supervisor and station commander as references.

Members may deliver their application in person to the Firearms Investigation Unit and have it processed while they wait, if advance notice is given.



# Retired Police Officers

## Application for a Retired Law-Enforcement Officer's Permit to Carry

Applications and instructions for a Retired Officer's Permit to Carry are available at any State Police road station. Applicants can find the relevant criteria for this permit in NJSA 2C: 39-6L.

Retired officers *must make application for this special carry permit within six months of retirement or will be deemed ineligible to obtain the permit.*

This permit must be renewed yearly. Semi-annual qualifications must be submitted to the Firearms Investigation Unit to keep the permit valid. Qualifications are required to be a minimum of three months apart and are in accordance with the requirements established by the Attorney General pursuant to NJSA 2C: 39-6j.

To qualify for this permit, applicants must have retired in good standing, including a medical disability retirement, for an aggregate of five or more years prior to their retirement. Those individuals who resigned without being subject to a retirement pension are not eligible.

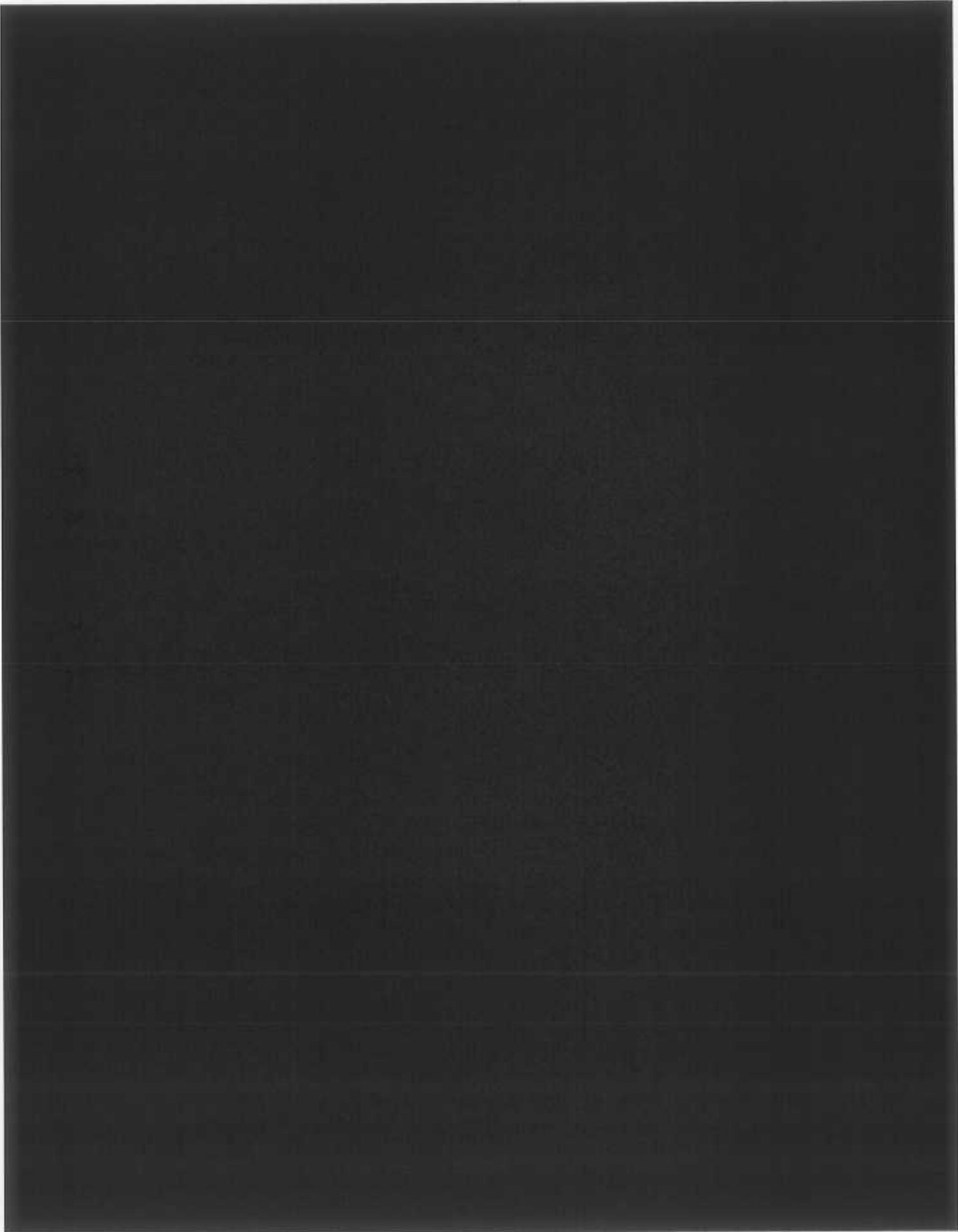
Relevant documents:

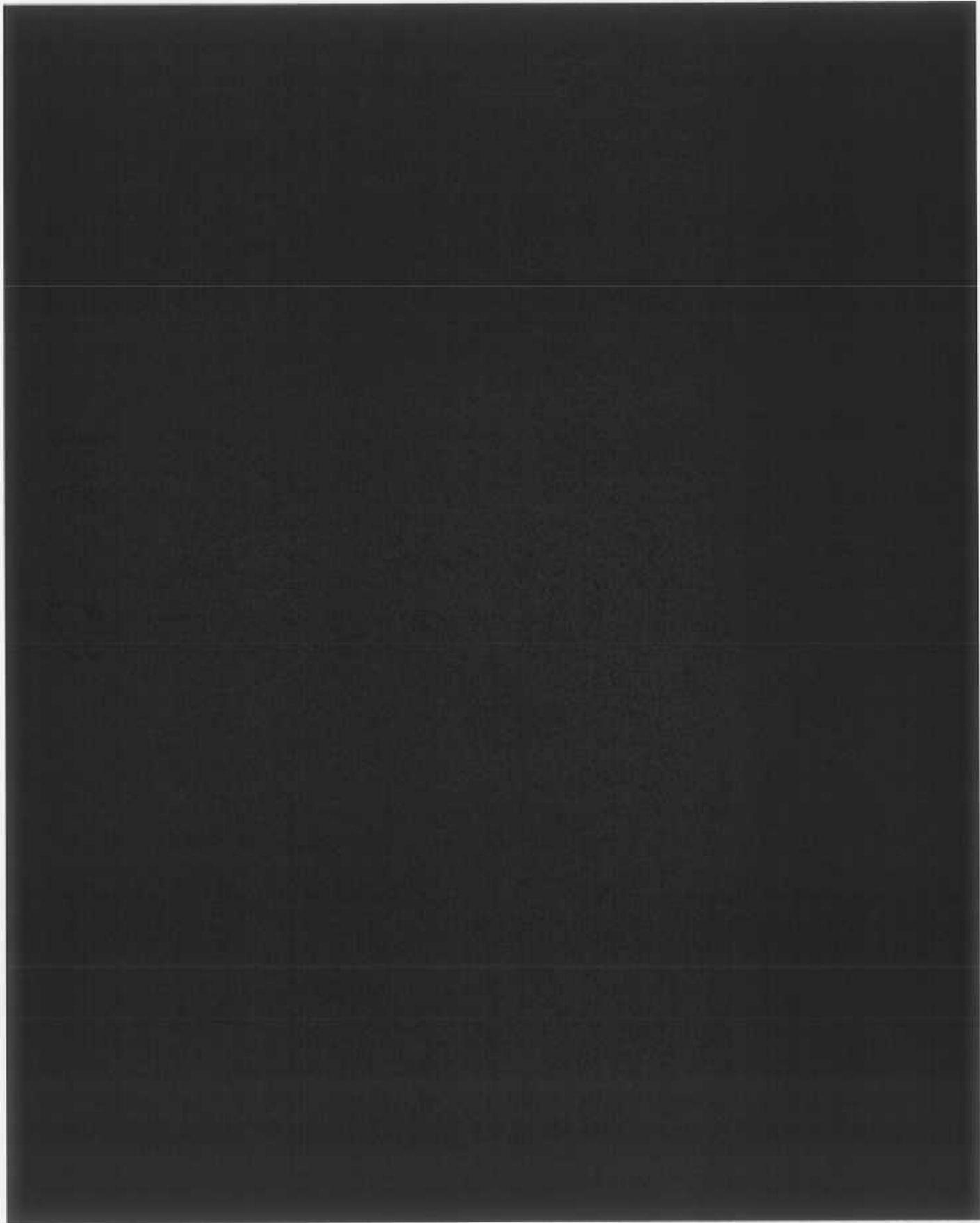
1. Instruction sheet.
2. Initial Application (SP Form 232).
3. Renewal Application (SP Form 232A).



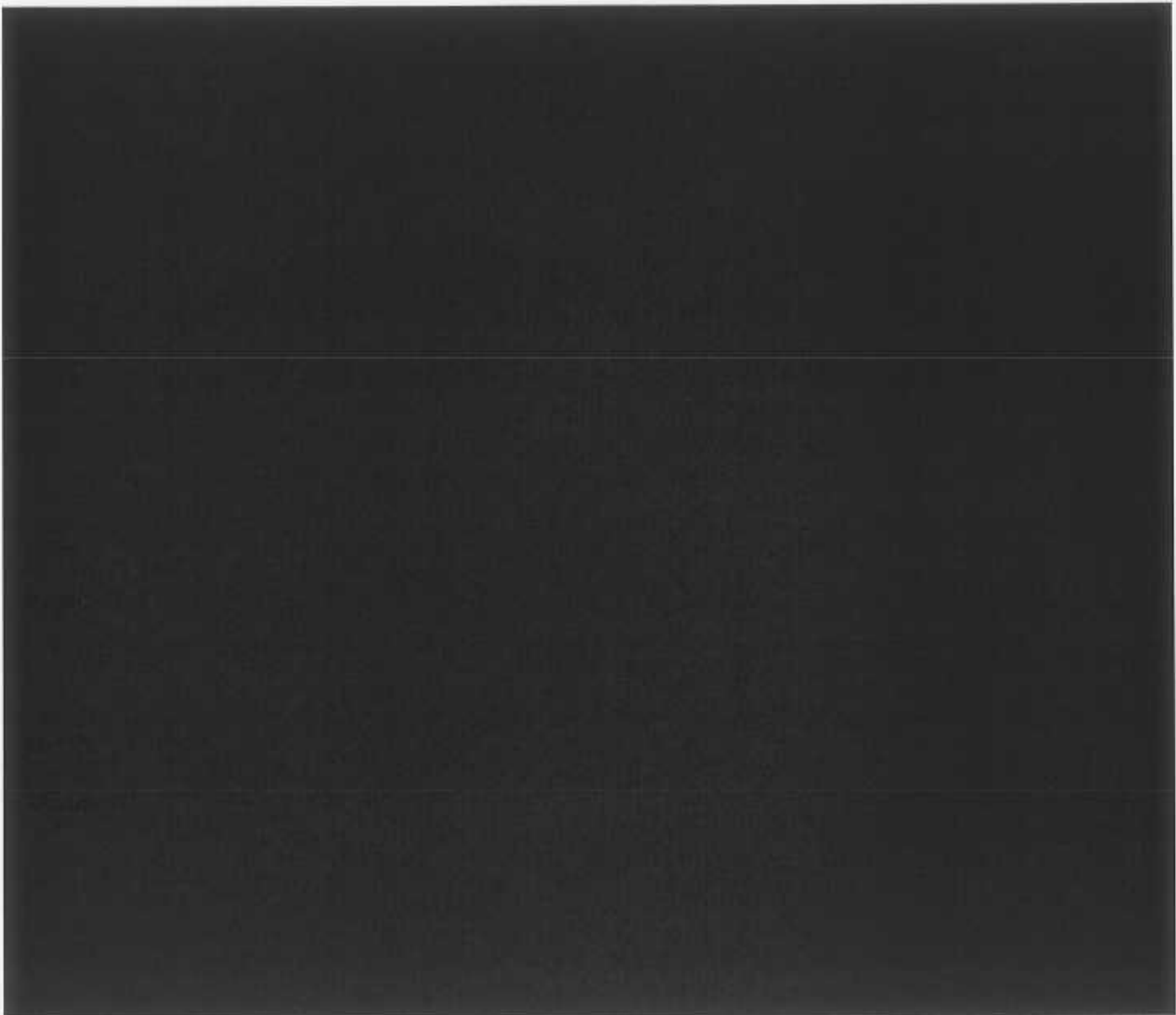
# Attachments A, B, & C

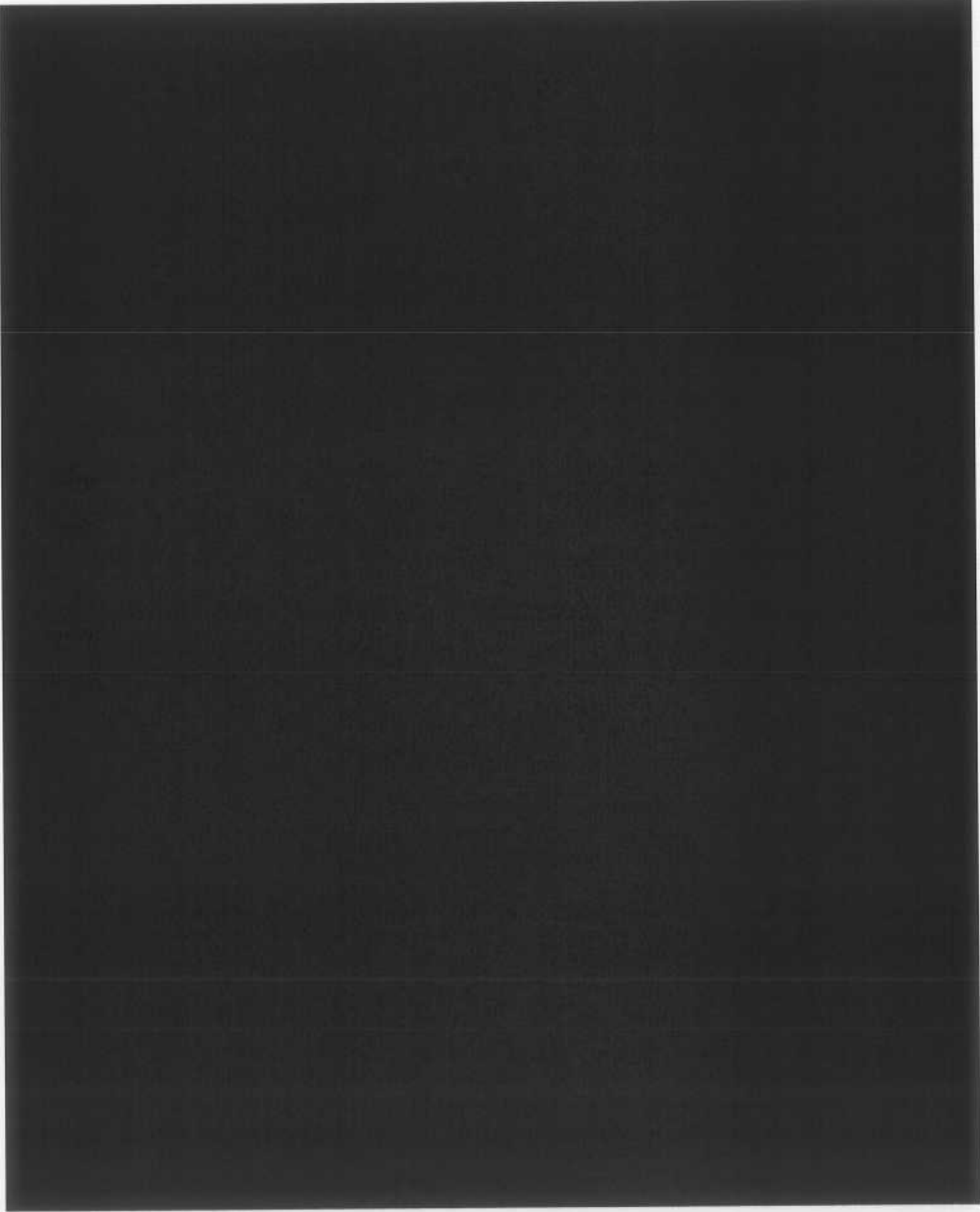


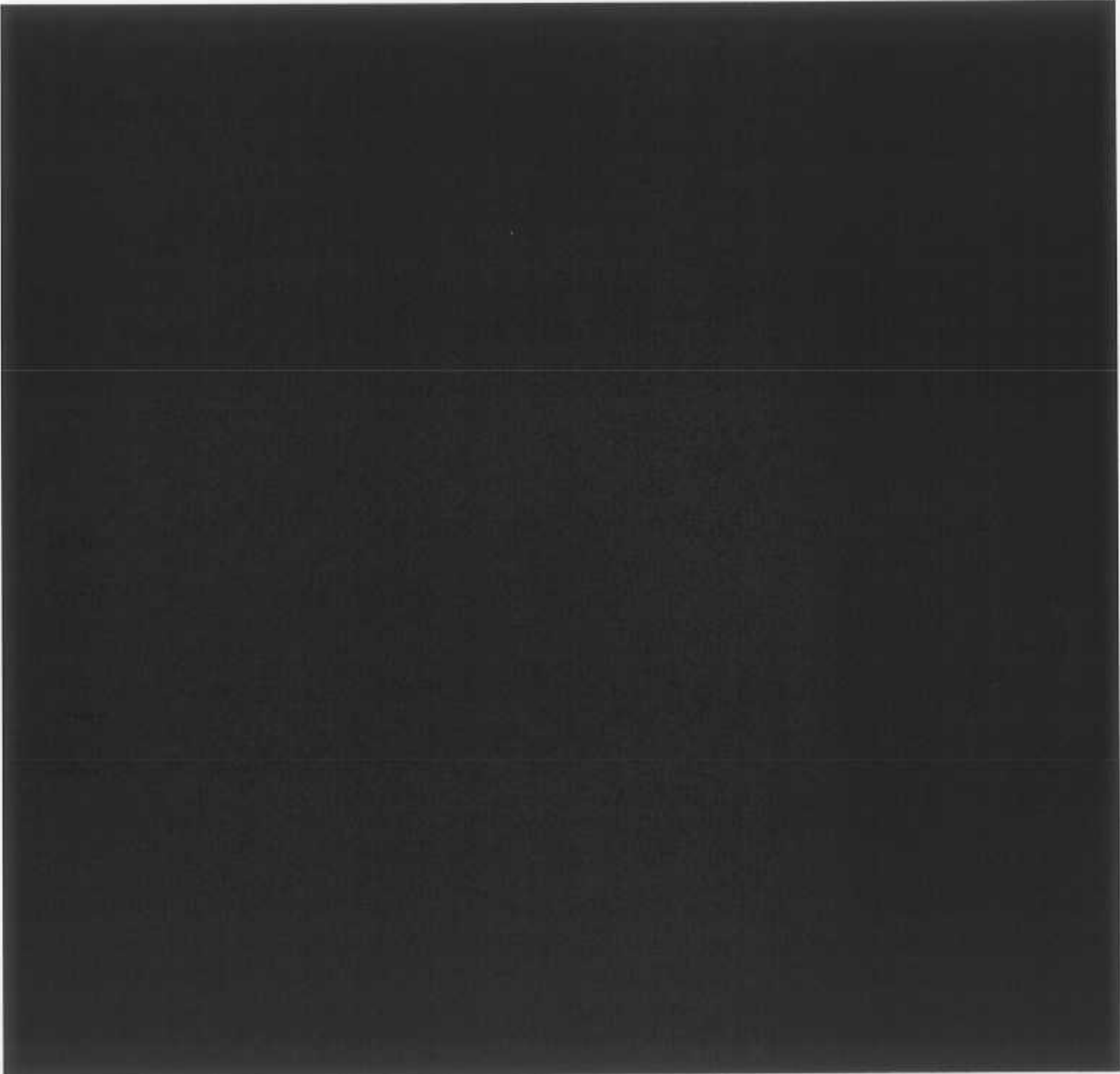


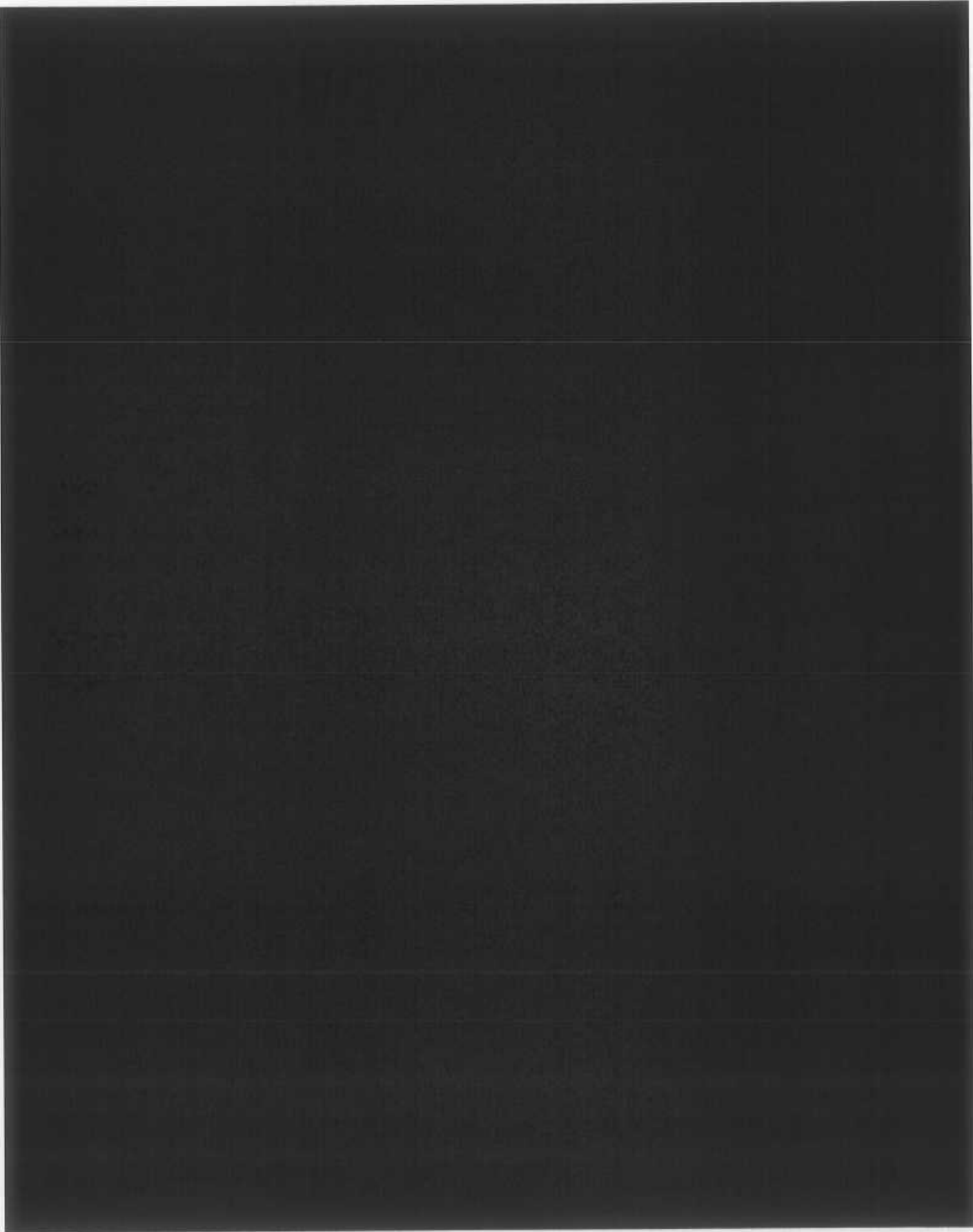


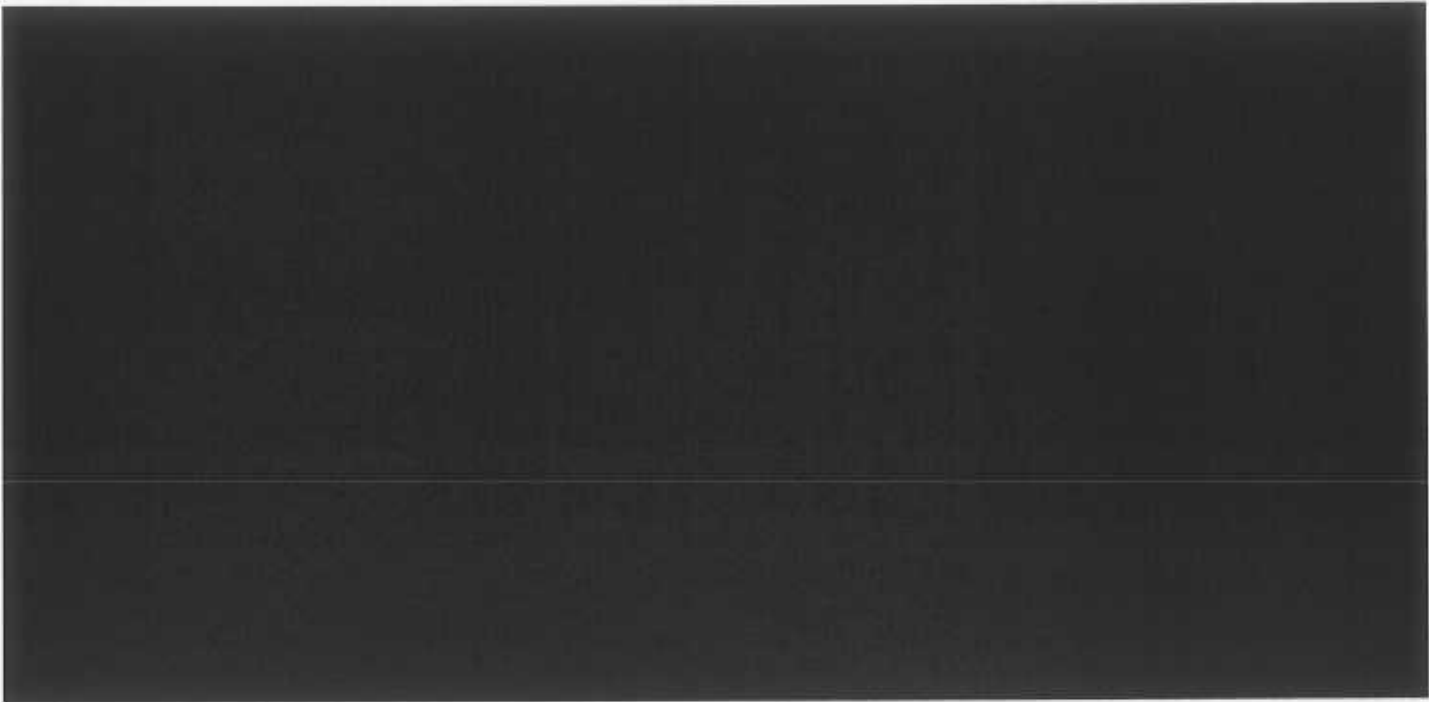














# Sample Forms



*This form is prescribed by the Superintendent for use by applicants for Firearms I.D. Cards and Handgun Purchase Permits. Any alteration to this form is expressly forbidden.*



### STATE OF NEW JERSEY

Application for Firearms Purchaser Identification Card

Application to Purchase a Handgun Amount of permits being applied for: \_\_\_\_\_

All persons wishing to obtain a Firearms Purchaser Identification Card or Permit to Purchase a Handgun are required to complete this application form. Submit in duplicate. (If internet form, make and sign two originals)

Municipality Code # \_\_\_\_\_

(1) Last Name ( If female, include maiden) First _____ Middle _____			(2) Resident Address (Number - Street - City - State - Zip) _____		
(3) Date of Birth _____ Month / Day / Year		(4) Age _____ (Place of Birth - City - State or Country)		(5) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
(6) Social Security Number _____			(7) Sex _____ Height _____ Weight _____ Eyes _____ Race _____ Hair _____ Complexion _____		
(8) Distinguishing Physical Characteristics _____			(9) Name of Employer _____		
(10) Employer's Address (Number - Street - City - State - Zip) _____			(11) Occupation _____		
(12) Home Telephone ( ) - _____			(13) Business Telephone ( ) - _____		
(14) Driver's License Number & State _____			(15) If you possess a N.J. Firearms Purchaser ID Card, list the number _____		
(16) Have you ever been adjudged a juvenile delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Date(s) _____		Place(s) _____ Offense(s) _____	
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Date(s) _____		Place(s) _____ Offense(s) _____	
(18) Have you ever been convicted of a criminal offense that has not been expunged or sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Date(s) _____		Place(s) _____ Offense(s) _____	
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, By Whom? _____		When? _____ Where _____ Why? _____	
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, By Whom? _____		When? _____ Where _____ Why? _____	
(21) Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		(22) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.			<input type="checkbox"/> Yes <input type="checkbox"/> No
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance? <input type="checkbox"/> Yes <input type="checkbox"/> No		(24) Are you now being treated for a drug abuse problem? <input type="checkbox"/> Yes <input type="checkbox"/> No			(25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence. <input type="checkbox"/> Yes <input type="checkbox"/> No
(26) Do you suffer from a physical defect or sickness? <input type="checkbox"/> Yes <input type="checkbox"/> No		(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No			(28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No					(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here: <input type="checkbox"/> Yes <input type="checkbox"/> No
(31) Names & Addresses of two reputable persons who are presently acquainted with the applicant, other than relatives: Name Address Telephone Number					
A. _____					
B. _____					

**APPLICANT: DO NOT WRITE BELOW THIS SPACE**

A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card or \$2.00 for each Permit to Purchase a Handgun, payable to either the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application.

I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.

<b>APPROVED</b>	<b>IDENTIFICATION CARD/PERMIT NUMBER(S)</b>
<input type="checkbox"/>	
<b>DISAPPROVED</b>	<b>Reason for Disapproval</b>
<input type="checkbox"/>	<input type="checkbox"/> A. CRIMINAL RECORD
<input type="checkbox"/>	<input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE
<input type="checkbox"/>	<input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
<input type="checkbox"/>	<input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE
<input type="checkbox"/>	<input type="checkbox"/> E. FALSIFICATION OF APPLICATION
<input type="checkbox"/>	<input type="checkbox"/> F. DOMESTIC VIOLENCE
<input type="checkbox"/>	<input type="checkbox"/> G. OTHER (SPECIFY) _____
<b>GRANTED ON APPEAL</b>	
<input type="checkbox"/>	

(27) \_\_\_\_\_  
Signature of Applicant Date of Application \_\_\_\_\_  
(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)

Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

**APPLICANT: DO NOT WRITE BELOW THIS SPACE**

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

**PLEASE USE INK AND PRESS HARD, YOU ARE MAKING 4 COPIES.**

State of New Jersey  
 PERM. NO. 722269

**PERMIT TO PURCHASE A HANDGUN & FORM OF REGISTER**

AS PROVIDED BY TITLE 2C, CHAPTER 58, NEW JERSEY STATUTES — THIS PERMIT IS VALID FOR NINETY DAYS FROM DATE OF ISSUE UNLESS RENEWED PURSUANT TO 2C:58-3F.

The Chief of Police of the Municipality where the applicant resides or the Superintendent of State Police in all other cases are the ONLY persons authorized to issue a Permit to Purchase a handgun as provided in 2C:58-3 of the New Jersey Statutes.

TO BE FILLED IN BY SELLER		Print or Type Only	
Serial Number	Calibre	<input type="checkbox"/> New	<input type="checkbox"/> Used
Make	Model	Date of Sale	

To be completed by Issuing Authority, Type or Print

Permit is hereby issued to \_\_\_\_\_ (last name) \_\_\_\_\_ (first name) \_\_\_\_\_ (middle name)

IDENTIFICATION CARD NO./ SBI# \_\_\_\_\_

Address of Applicant \_\_\_\_\_ (Number and Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

Month	Date of Birth Day	Year	Age	Sex	Race	Height	Weight	Hair	Eyes	Social Security No.
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WITHIN 5 DAYS AFTER DATE OF TRANSACTION THIS SELLER IS REQUIRED TO PROVIDE A COPY OF THE PERMIT TO THE FOLLOWING, AS PROVIDED IN 20:58-3h NEW JERSEY STATUTES:

WHITE COPY forwarded to the Superintendent of State Police (Data Reduction Unit), BOX 7068 WEST TRENTON, N.J. 08628

YELLOW COPY forwarded to the Issuing Authority

PINK COPY returned to purchaser

BLUE COPY retained by seller

Signature of Applicant (Signed in presence of Issuing Authority)		Municipality Code #
Permit Number	Date issued	Title of Office
Signature of Issuing Authority		
Address of Issuing Authority		Zip Code

TO BE FILLED IN BY SELLER	
(Name of Individual) (A) _____ (date of birth)	Seller (Name of Store) (B) _____
Sellers Address _____	Sellers Address _____
Signature of Seller or Salesperson _____	Signature of Seller or Salesperson _____
OFFICIAL SECURITY NO. _____	Signature of Purchaser _____
(disclosure of my social security number voluntary.)	(Signed in presence of Seller)
IDENTIFICATION CARD NO./Sellers # _____	

Attention Sellers

(A) Individual sellers complete block (A)

(B) Firearms Dealers complete block (B)

Dealer's FFL# \_\_\_\_\_

S A M P L E



**State of NJ Firearms Purchaser IDENTIFICATION CARD**

This Certifies That

Initial   
Duplicate

residing at \_\_\_\_\_  
Number and Street

City \_\_\_\_\_ State \_\_\_\_\_

is hereby granted permission to purchase rifles and shotguns pursuant to provisions of N.J.S. 2C:58-3 with amendments and supplements.

Number \_\_\_\_\_ Signature of issuing authority \_\_\_\_\_

Date issued \_\_\_\_\_ Title \_\_\_\_\_ Department of Police \_\_\_\_\_

Note: This card is void upon you becoming subject to any of the disabilities set forth in Section 2C:58-3 of the New Jersey Statutes whereupon this card shall be returned to the Superintendent of State Police within five (5) days. Failure to surrender this card is a crime of the fourth degree.

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

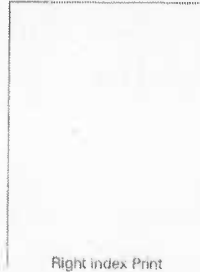
Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Distinguishing physical Characteristics \_\_\_\_\_

Signature of applicant \_\_\_\_\_

S.P. 645 (Rev.03/04)



Right index Print



*This form is prescribed by the Superintendent for use by applicants for duplicate Firearms I.D. Cards. Any alteration to this form is expressly forbidden.*



## STATE OF NEW JERSEY

### Application for Duplicate Firearms Purchaser Identification Card

All persons wishing to obtain a duplicate Firearms Purchaser Identification Card are required to complete this application form.  
Submit in duplicate. (If internet form, make and sign two originals)

**Check Appropriate Block(s)**

- Application to replace lost or stolen Identification Card  
 Application to replace mutilated Identification Card  
 Application for change of name on Identification Card  
 Application for change of address on Identification Card  
 Application for change of sex on Identification Card

List former name here and attach copy of marriage license or court order

(1) Last Name ( If female, include maiden) First		Middle	(2) Resident Address (Number - Street - City - State - Zip)	
(3) Date of Birth Month / Day / Year		(4) Age (Place of Birth - City - State or Country)		(5) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Sex	Height	Weight	Eyes	Race
			Hair	Complexion
(10) Address Appearing on Former Card				(9) Home Telephone ( ) -
(11) N.J. Firearms ID Card/ SBI number				
(12) Have you ever been adjudged a juvenile delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(13) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(14) Have you ever been convicted of a criminal offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(15) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where
				Why?
(16) Have you ever had an Employee of Firearms Dealer License refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where
				Why?
(17) Are you an Alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(18) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment		<input type="checkbox"/> Yes <input type="checkbox"/> No
(19) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(20) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(21) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.		<input type="checkbox"/> Yes <input type="checkbox"/> No
(22) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(23) If answer to question 22 is yes, does this make it unsafe for you to handle firearms? If not, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(24) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(25) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain.				<input type="checkbox"/> Yes <input type="checkbox"/> No
(26) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here:				<input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT: DO NOT WRITE BELOW THIS SPACE**

A Request for a Criminal History Name Check (SBI 212A) must accompany this application along with the required fee payable to "Division of State Police SBI." Application must be made to the Chief of Police, in the municipality in which you reside or to the Superintendent in all other cases.

<b>APPROVED</b>	<b>IDENTIFICATION CARD NUMBER</b>
<input type="checkbox"/>	
<b>DISAPPROVED</b>	<b>Reason for Disapproval</b>
<input type="checkbox"/>	<input type="checkbox"/> A. CRIMINAL RECORD <input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE <input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND <input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE <input type="checkbox"/> E. FALSIFICATION OF APPLICATION <input type="checkbox"/> F. DOMESTIC VIOLENCE <input type="checkbox"/> G. OTHER (SPECIFY) _____
<b>GRANTED ON APPEAL</b>	
<input type="checkbox"/>	

I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.

(27) \_\_\_\_\_  
Signature of Applicant Date of Application  
(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)

Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

**APPLICANT: DO NOT WRITE BELOW THIS SPACE**

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Department of Police



This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden.



## STATE OF NEW JERSEY APPLICATION FOR PERMIT TO CARRY A HANDGUN

Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$20.00 payable to State of New Jersey must accompany this application.

NEW       RENEWAL

Municipal Code \_\_\_\_\_

Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Four photographs of the applicant, one and one-half inch square, head and shoulders, no hat, light background, taken within the last 30 days must accompany this application.

Each person applying for a Permit to Carry and Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey. If this application is employment-related, then your employer must supply this letter.  
List the reason for this application:

(1) Last Name ( If female, include maiden) First      Middle      (2) Resident Address (Number - Street - City - State - Zip)

(3) Date of Birth      (4) Age (Place of Birth - City - State or Country)      (5) U.S. Citizen      (6) Social Security Number  
Month / Day / Year       Yes       No

(7) Sex      Height      Weight      Eyes      Race      Hair      Complexion      (8) Distinguishing Physical Characteristics

(9) Name of Employer      (10) Employer's Address (Number - Street - City - State - Zip)

(11) Occupation      (12) Home Telephone      (13) Business Telephone  
(      ) -      (      ) -

(14) Driver's License Number & State      (15) If you possess a N.J. Firearms Purchaser ID Card, list the number

(16) Have you ever been adjudged a juvenile delinquent?       Yes       No      If Yes, List Date(s)      Place(s)      Offense(s)

(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?       Yes       No      If Yes, List Date(s)      Place(s)      Offense(s)

(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed?       Yes       No      If Yes, List Date(s)      Place(s)      Offense(s)

(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?       Yes       No      If Yes, By Whom?      When?      Where      Why?

(20) Have you ever had an Employees of Firearms Dealer License refused or revoked?       Yes       No      If Yes, By Whom?      When?      Where      Why?

(21) Are you an Alcoholic?       Yes       No      (22) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment       Yes       No

(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?       Yes       No

(24) Are you now being treated for a drug abuse problem?       Yes       No      (25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.       Yes       No

(26) Do you suffer from a physical defect or sickness?       Yes       No

(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain.       Yes       No      (28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.       Yes       No

(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain.       Yes       No

(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here:       Yes       No

### APPLICANT: DO NOT WRITE BELOW THIS SPACE

To the Judge of the Superior Court of \_\_\_\_\_ County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is:      (Attach Investigation Report when submitting to Superior Court.)

**APPROVED**

This \_\_\_\_\_ Day of \_\_\_\_\_, 20

**DISAPPROVED**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Department of Police \_\_\_\_\_

**Reason for Disapproval**

- A. CRIMINAL RECORD
- B. PUBLIC HEALTH SAFETY AND WELFARE
- C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
- D. NARCOTICS/ DANGEROUS DRUG OFFENSE
- E. FALSIFICATION OF APPLICATION
- F. DOMESTIC VIOLENCE
- G. LACK OF JUSTIFIABLE NEED
- H. OTHER (SPECIFY) \_\_\_\_\_

The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby: **Grant** a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20

**Deny**

\_\_\_\_\_  
Judge of the Superior Court      County NJ

**GRANTED ON APPEAL**

SBI Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Restrictions:  Yes (List on Page 2)       No

**Endorsement Number One**

I am personally acquainted with \_\_\_\_\_, the applicant named on page one of this application. I have known Him/Her for the past \_\_\_\_\_ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

Print or Type Name \_\_\_\_\_ No. \_\_\_\_\_ Street Address \_\_\_\_\_  
Signature \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Endorsement \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

**Endorsement Number Two**

I am personally acquainted with \_\_\_\_\_, the applicant named on page one of this application. I have known Him/Her for the past \_\_\_\_\_ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

Print or Type Name \_\_\_\_\_ No. \_\_\_\_\_ Street Address \_\_\_\_\_  
Signature \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Endorsement \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

**Endorsement Number Three**

I am personally acquainted with \_\_\_\_\_, the applicant named on page one of this application. I have known Him/Her for the past \_\_\_\_\_ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

Print or Type Name \_\_\_\_\_ No. \_\_\_\_\_ Street Address \_\_\_\_\_  
Signature \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Endorsement \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

**State of New Jersey**

County of \_\_\_\_\_ **SS**

\_\_\_\_\_ being duly sworn, upon oath deposes and states that he/she is the applicant named on page one of this application; that the answers to the questions given on this application are complete, true and correct in every particular.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Signature of Applicant named on page one \_\_\_\_\_ Date of Application \_\_\_\_\_  
*(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.) I realize that if any of the foregoing answers made by me are false, I am subject to punishment.*  
**Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.**

Notary Public

**SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT**

List Permit Restrictions Here:

Photograph of Applicant  
1.5 x 1.5 inches

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR A  
PERMIT TO CARRY A HANDGUN

1. Complete (3) three Permit to Carry applications.
2. Have all (3) three forms notarized. (Out of State notary acceptable).
3. Have (3) three references endorse these forms. You must have known them for a minimum of (3) three years.
4. Submit a stamped envelope - addressed to each reference (3 envelopes).
5. LETTER OF PROFICIENCY: Submit a letter from a police range or certified NRA instructor.  
  
MUST INCLUDE:
  1. Letterhead and NRA instructor certification number. NOTARIZED
  2. Date tested (within (6) six months).
  3. Type of weapons used.
  4. Number of rounds fired.
  5. Score.
6. LETTER OF NEED: Submit a letter from your employer stating the reason and need to carry a handgun. NOTARIZED  
\*\*\* THE REASON SHOULD BE IN DETAIL\*\*\*  
and must include: A list of the counties in which you will work or travel through. The following statement: "Should the applicant be terminated from his employment, for any reason, the New Jersey State Police and the Superior Court Judge that issued the permit will be notified. In addition the Permit to Carry will be surrendered.
7. PHOTOGRAPHS: Submit (4) 1 1/2 x 1 1/2 photographs with the application, color or black and white are acceptable (preferably without glasses).
8. Submit a certified check or money order for the amount of \$49.00 made payable to "DIVISION OF STATE POLICE S.B.I."
9. Submit a certified check or money order for the amount of \$20.00. (CONTACT COUNTY CLERK FOR ENDORSEE).
10. Complete Part I of Consent for Mental Health Records Search Form.

<b>STATE OF NEW JERSEY PERMIT TO CARRY HANDGUN</b>		Number _____
This Certifies That _____		
Residing at _____		
Number and Street		
Municipality	State	
has permission to carry a handgun in the State of New Jersey pursuant to 2C:58-4 of the New Jersey Statutes with amendments thereto. Permit must be in possession when carrying handgun. Restrictions placed on this Permit must be strictly observed.		
This Permit expires two years from the date of issue.		
Date of Issuance _____		Date of Expiration _____
Signature, Superior Court Judge _____		County _____
If revoked or employment is terminated, Permit must be returned to Superintendent of State Police, Box 7088, West Trenton, N.J. 08628-0088		
	Ht. _____ Wt. _____ Eyes _____ Hair _____ DOB _____	PHOTO
Right Index Print _____		
Restrictions _____		
_____		
_____		
STS 159A (Rev. 03/04)		Signature of Applicant _____



**CONSENT FOR  
MENTAL HEALTH RECORDS SEARCH  
(USE THIS FORM ONLY)**

(This consent **MUST** be completed by the firearm applicant. Failure to consent requires denial or disapproval of the application.)



*N.J.S.A. 30:4-24.3 provides that all records of any individual's commitment to a non-correctional institution for mental health reasons shall be confidential and shall not be disclosed except in limited circumstances or with the consent of the individual.*

**PART ONE (To be completed by the applicant.)**

Name: (Last) \_\_\_\_\_ (Maiden) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Address: (Number) (Street) \_\_\_\_\_ (Municipality) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

I, \_\_\_\_\_ am aware of my rights under N.J.S.A. 30:4-24.3, and consent to the disclosure of my mental health records to the Chief of Police and the Superintendent of State Police, or their designees, for the purpose of verifying my firearms permit application and my fitness to own a firearm under N.J.S.A. 2C:58-3.

Witness \_\_\_\_\_

**X**

Signature of Applicant

Investigating Police Department \_\_\_\_\_

Date \_\_\_\_\_

**PART TWO (Complete as needed - See 3b below.)**

Date: \_\_\_\_\_

I have searched the mental health records maintained by this office and find that the person named herein:

- Has no record of admission, commitment, or treatment.
- Has a record of admission, commitment or treatment.

\_\_\_\_\_  
Name of Institution or Doctor

Applicant was treated or admitted on: \_\_\_\_\_ (Month - Day - Year) and discharged on: \_\_\_\_\_ (Month - Day - Year)

**X**

Signature of Authorized Official or Doctor

**INSTRUCTIONS FOR COMPLETING AND ROUTING THIS FORM**

**1. PURPOSE**

The consent for Mental Health Records Search Form (SP-66) is designed to facilitate access to mental health records of the applicant by the investigating authority. N.J.S.A. 2C:58-1 et seq. precludes persons who are suffering from a mental illness from acquiring, selling, using and carrying firearms.

**2. USE**

The Consent For Mental Health Records Form must be completed by all firearms applicants. Failure to execute the consent requires that the Chief of Police shall deny or disapprove the application. In the event the applicant refuses to execute the consent, FINGERPRINTS ARE NOT to be submitted to the State Bureau of Identification.

**3. MECHANICS**

a. Part 1 of the form is to be completed by the applicant and witnessed. **DO NOT forward this form to the State Bureau of Identification.**

b. Part 2 of this form is to be completed by an authorized official or doctor. **NOTE:** This form is to be executed **ONLY** when the investigation indicates the applicant has been confined, committed or treated for a mental condition or illness.

c. The yellow copy of the form is for the records of the institution or doctor. The white copy will be returned to the investigating authority and retained as a matter of record (See "e" below).

d. State Police investigations - After completion of the investigation, attach form to the application and forward to the Firearms Investigation Unit together with the Application and Investigation Report.

e. If Internet form, make and sign two copies.

Additional forms may be obtained through the Firearms Investigation Unit, New Jersey State Police, P.O. Box 7068, West Trenton, New Jersey 08628-0068 or via the internet at [www.njsp.org/info/forms.html](http://www.njsp.org/info/forms.html)



# STATE OF NEW JERSEY CERTIFICATE OF ELIGIBILITY

(This form must be completed for each transfer of a Shotgun, Rifle, including black powder or BB Rifle)



**Part 1: This section must be completed by the transferor (seller or giver) of the firearm.**

Make of Firearm: \_\_\_\_\_ Action: \_\_\_\_\_  
Pump, Lever, Semi-Automatic, Bolt etc.

Model of Firearm: \_\_\_\_\_ Caliber or Gauge: \_\_\_\_\_ Serial #: \_\_\_\_\_

Name of Transferor (or Dealer Employee): \_\_\_\_\_  
Last First MI

Dealer Name (if applicable): \_\_\_\_\_ Dealer's State License Number: \_\_\_\_\_

Address of Transferor: (Dealer: list your licensed location) \_\_\_\_\_  
Street Town/City State Zip Code

Transferor's Firearms I.D. Card Number: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

**Part 2: This section must be completed by the person receiving (receiver of) the firearm.**

Name of Receiver: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Town/City State Zip Code

Date of Birth: \_\_\_\_\_ Firearms Purchaser I.D. Number: \_\_\_\_\_

- 1) Have you ever been convicted of a crime that has not been expunged or sealed?  Yes  No
- 2) Are you subject to any court order prohibiting you from possessing firearms?  Yes  No
- 3) Are you subject to any court order issued pursuant to Domestic Violence?  
**NOTICE: If you have had a Final Restraining Order issued against you within the last two years, you must answer "Yes" and are ineligible to possess a firearm. The period of ineligibility is two years from the date of issuance of the Final Restraining Order or the date it was dismissed whichever is longer.**  Yes  No
- 4) Have you ever been convicted of a disorderly persons offense or its equivalent, in any jurisdiction, involving an act of domestic violence that involved the offense(s) of (1) Simple Assault (2) False Imprisonment (3) Lewdness (4) Criminal Trespass or (5) Harassment that has not been expunged or sealed?  Yes  No
- 5) Are you an alcoholic? **NOTE: A recovered alcoholic may answer no to this question.**  Yes  No
- 6) Are you dependent upon the use of any narcotic or other controlled dangerous substance?  Yes  No
- 7) Do you suffer from any physical defect or sickness which makes it unsafe for you to handle firearms?  Yes  No
- 8) Since the issuance of your firearms I.D. card, have you been confined for a mental disorder?  Yes  No
- 9) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey?  Yes  No
- 10) Are you a fugitive from justice?  Yes  No
- 11) What is your State of residence? \_\_\_\_\_

**If other than NJ, this transfer must go through a licensed firearms dealer.**

*Signature of Transferor*  
 Should you have any questions in completing this form, contact the Firearms Investigation Unit, New Jersey State Police, P.O. Box 7068, West Trenton, NJ 08628-0068 (609) 584-5051 Ext. 5620.

*Signature of Receiver*  
 I hereby certify that the answers given on this form are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.

Questions 1 - 10 must be answered "no" for the transfer of the firearm to proceed. A person who answers "yes" to any question is not eligible to receive a firearm.

**Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c**

**White copy is to be retained by the transferor pursuant to N.J.S.A. 2C:58-3b.  
 Yellow copy is to be retained by the receiver.  
 If internet form, make and sign two copies.**





# STATE OF NEW JERSEY — VOLUNTARY FORM OF FIREARMS REGISTRATION

(To register a firearm, all questions must be answered)

**This is a three-part form — Type or press firmly with ball point pen — If internet form, make & sign three copies**

*Should you have questions regarding this form, contact the Firearms Investigations Unit, New Jersey State Police,  
P.O. Box 7068, West Trenton, NJ 08628-0068, (609) 684-5051, ext. 5620*



## OWNER INFORMATION:

Name (Last, First, Middle) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Resident Address: Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Firearms Purchasers I.D. Card No. (if Applicable) \_\_\_\_\_ Driver's License No. & State \_\_\_\_\_

## FIREARMS INFORMATION (One form per firearm registered):

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Serial Number \_\_\_\_\_ Caliber or Gauge \_\_\_\_\_

Type:  Pistol  Rifle  Revolver  Shotgun

Other Marks of Identification \_\_\_\_\_

## SOURCE FROM WHICH YOU OBTAINED FIREARM:

Name (Last, First, Middle) \_\_\_\_\_

Resident Address: Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Acquired \_\_\_\_\_

Were you a resident of NJ when you acquired this firearm?  Yes  No

Was firearm acquired through a will?  Yes  No

Death of next kin?  Yes  No

Was firearm acquired in N.J.?  Yes  No

Signature of owner of firearm being registered \_\_\_\_\_ Date \_\_\_\_\_  
(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking only and is considered confidential.)

S.P. 650 (Rev. 12/03) **White** - To be mailed to Superintendent of State Police, Box 7068 - Data Reduction Unit, P.O. Box 7068, West Trenton, N.J. 08628-0068  
**Yellow Copy** - To Chief of Police, Municipality where you reside **Pink Copy** - Owner's Copy

**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

**NJNSPO200  
SPOL  
REC & IDENT SEC  
W TRENTON, NJ**

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBJ

CLASS \_\_\_\_\_

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF. \_\_\_\_\_

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

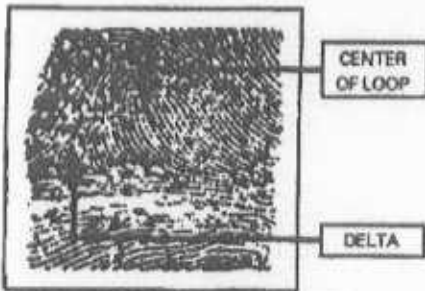
R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20537**

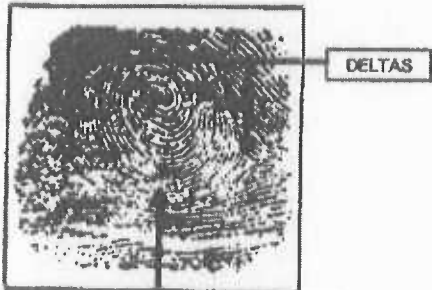
**APPLICANT**

**1. LOOP**



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

**2. WHORL**



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

**3. ARCH**



ARCHES HAVE NO DELTAS

**TO OBTAIN CLASSIFIABLE FINGERPRINTS:**

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

**THIS CARD FOR USE BY:**

**LEAVE THIS SPACE BLANK**

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

**INSTRUCTIONS:**

- \* 1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. PRIVACY ACT OF 1974 [P.L. 93-579] REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
- \*\* 3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

MISCELLANEOUS NO. - RECORD; OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

FD-259 (REV. 12-29-82)

U.S. GPO: 1983-301-185/80071

# APPLICANT

Type or print - use black ink

S#  
B  
I

US CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	
RESIDENCE OF PERSON FINGERPRINTED				ALIASES / MAIDEN NAME / ADDITIONAL DOB				SBI NUMBER			
MARKS / SCARS / AMPUTATIONS / MISC. NUMBERS / TATTOOS				CONTRIBUTOR / ADDRESS / ORI NO. <b>N.J. State Police S&amp;TS Section F.I.U. - NJNSP0212 West Trenton, NJ 08628-0068</b>			APPLICATION FOR: <input type="checkbox"/> FIREARMS PURCHASER IDENTIFICATION CARD <input type="checkbox"/> PERMIT TO CARRY PISTOL OR REVOLVER <input type="checkbox"/> RENEWAL - RETAIL FIREARMS DEALER'S LICENSE <input type="checkbox"/> PERMIT TO PURCHASE PISTOL OR REVOLVER <input type="checkbox"/> RETAIL FIREARMS DEALER LICENSE <input type="checkbox"/> EMPLOYEE - RETAIL FIREARMS DEALER'S LICENSE <input type="checkbox"/> LIQUOR LICENSE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYMENT <input type="checkbox"/> LOCAL ORDINANCE <input type="checkbox"/> DEATH NOTICE <input type="checkbox"/> INDIVIDUAL REVIEW OR CHALLENGE <input type="checkbox"/> OTHER _____				
I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION FOR THIS APPLICATION. I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER, FOR THE PURPOSE OF THIS BACKGROUND CHECK, IS VOLUNTARY.				CONTRIBUTOR'S USE ONLY							
SIGNATURE OF PERSON FINGERPRINTED											
IMPRESSIONS TAKEN BY				DATE TAKEN							

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE	
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

STATE OF NEW JERSEY  
STATE POLICE, STATE BUREAU OF IDENTIFICATION  
BOX 7068, WEST TRENTON, NEW JERSEY 08628-0068  
(609) 882-2000, Ext. 2451

SBI-19 (Rev. 10/02)

OCCUPATION

EMPLOYER AND ADDRESS

THE SBIB RESPONSE TO THIS FINGERPRINT CARD SUBMISSION SHOULD BE FORWARDED TO:

- THE CONTRIBUTOR/ORI NO. LISTED ON THE FRONT OF THIS FINGERPRINT CARD
- THE APPLICANT AND ADDRESS LISTED ON THE FRONT OF THIS FINGERPRINT CARD
- OTHER (List Name and Complete Address)

**INSTRUCTIONS:** To All Contributors

1. Verify the Identity of the individual you are fingerprinting.
2. Ensure that a State Applicant Fingerprint Card (SBI-19) and a Federal Applicant Fingerprint Card (FD-258) are submitted when required by state statute.
3. Complete all information on the SBI-19, and, if required, on the FD-258.
4. Obtain clear, classifiable fingerprint impressions to avoid processing delays.
5. Forward the fingerprint card(s), without delay, in the prepaid, pre-addressed envelope provided for this purpose to the above-listed address.

**NOTE:**

1. Obtain a completed Consent For Medical Health Records Search (STS-1) signed by the applicant before submitting fingerprint card for firearms-related applications.
2. Limited information is required for a Death Notice (Name, Sex, Race, Social Security Number, Aliases, SBI Number, Contributor, Impressions Taken By, Date Taken, Right Four Flats).

## REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE (TYPE OR PRINT ALL INFORMATION)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

		ASSIGNED IDENTIFIER (ORI Number)
		REQUESTING AGENCY USE ONLY
NAME (Including Maiden Name)		SBI NUMBER (If Known)
_____ <small>(Last Name)</small>	_____ <small>(Maiden Name)</small>	_____ <small>(First Name)</small>
ADDRESS		FBI NUMBER (If Known)
_____ <small>(Number)</small>	_____ <small>(Street)</small>	_____ <small>(City)</small>
DOB		SEX
_____ <small>(Month)</small>	_____ <small>(Day)</small>	_____ <small>(Year)</small>
_____ <small>(First Name)</small>	_____ <small>(Middle)</small>	RACE
		SOCIAL SECURITY NUMBER

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

\_\_\_\_\_  
(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code, Local Ordinance, or Resolution.)

\_\_\_\_\_  
Type or Print Name of Authorized Person Making Request

\_\_\_\_\_  
Signature of Authorized Person Making Request

### AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

#### Supervisor, State Bureau of Identification:

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to \_\_\_\_\_

\_\_\_\_\_  
(Insert name of agency you authorize to receive this information.)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is voluntary. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

**X**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PRINT OR TYPE ALL  
INFORMATION —  
PART 1 ONLY  
Part 1



STATE OF NEW JERSEY  
Application For a Retired Law Enforcement Officer  
Permit to Carry a Handgun



Complete all information as requested. If you reside in New Jersey, enter your municipal code in block 7. Enter the date you qualified on the *Retired Police Officer handgun qualification course* in block 10. If your retirement is a result of service with more than one agency, list the most recent agency in blocks 13 & 14 and attach a listing of all agencies with which you earned retirement credit. Include full contact information for each agency. Failure to properly complete this application will result in a delay in issuing a permit to carry. If internet form, make and sign two copies.

(1) Last Name			First	Middle	(2) Residence Address			Street	City	State	Zip Code		
(3) Date of Birth	(4) Age	(5) Place of Birth			City	State	(6) County of Residence	(7) Mun. Code No.	(8) Social Security Number				
(9) Sex	Height	Weight	Hair	Eyes	Race	(10) Date Firearms Qualification		(11) Home Phone Number		(12) SBI Number			
(13) Former Law Enforcement Employer				(14) Address of Former Employer					(15) Fmr. Emplr.'s Phone No.				
(16) Have you ever been convicted of any domestic violence offense in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a deadly weapon? If Yes, explain.											<input type="checkbox"/> Yes <input type="checkbox"/> No		
(17) Have you ever been convicted of a crime that has not been expunged or sealed?			<input type="checkbox"/> Yes <input type="checkbox"/> No	(18) Have you ever been confined to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.							<input type="checkbox"/> Yes <input type="checkbox"/> No		
(19) Are you an Alcoholic?			<input type="checkbox"/> Yes <input type="checkbox"/> No	(20) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? If Yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.							<input type="checkbox"/> Yes <input type="checkbox"/> No		
(21) Were you ever dependent upon the use of narcotic or other controlled dangerous substance?			<input type="checkbox"/> Yes <input type="checkbox"/> No	(23) Signature of Applicant							The disclosure of my Social Security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking purposes only and is considered confidential.		(24) Date of Application
(22) Are you subject to any court order issued pursuant to Domestic Violence?			<input type="checkbox"/> Yes <input type="checkbox"/> No										

**Part 2** **APPLICANT: DO NOT WRITE BELOW THIS LINE**

The Superintendent of State Police, Chief of Police or the Chief Law Enforcement Officer will certify the above portion of the retired police officers application for a permit to carry a handgun in accordance to N.J.S. 2C:39-6L(2).

Name of Police/Law Enforcement Agency: \_\_\_\_\_

Applicant's Date of Hire: \_\_\_\_\_ Applicant's Date of Retirement: \_\_\_\_\_

Has the Applicant Retired in Good Standing:  Yes  No Did the Applicant Retire on a Disability Retirement?  Yes  No

If yes, did the applicant's disability retirement include a certification that the applicant was mentally incapacitated for the performance of his or her usual law enforcement duties and any other available duty in the department which you were willing to assign him or her?  Yes  No

I, \_\_\_\_\_, indicate by my signature below, certify to the reasonable knowledge as the chief law enforcement officer of the agency which employed the retired police officer listed on this application, is not subject to any mentally incapacitating disabilities, or any of the disabilities or restrictions set forth in subsection c. of N.J.S. 2C:58-3.

\_\_\_\_\_  
Signature of Superintendent of State Police/Chief of Police or Chief Law Enforcement Officer

\_\_\_\_\_  
P.D. Municipal Code

\*\*\*\*\* LIST ALL HANDGUNS KNOWN TO BE REGISTERED TO APPLICANT \*\*\*\*\*

MAKE	MODEL	SERIAL #	CALIBER

If more space is needed, attach bond paper.

Processing Police Agency: Upon completion of this portion of the application, mail to NJSP Firearms Investigation Unit, RPO, P.O. Box 7068, West Trenton, NJ 08628-0068.

**Part 3** **STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE - STATE POLICE USE ONLY**

Approved  Disapproved Specify \_\_\_\_\_

Permit No. \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

Date Documents Forwarded: \_\_\_\_\_

To Applicant \_\_\_\_\_

To Police Department \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent of State Police  
(Affix Seal Here)

**INSTRUCTIONS**  
**FOR A RETIRED LAW ENFORCEMENT OFFICER'S PERMIT TO CARRY**

**INITIAL APPLICATION** (COMPLETE PART 1 ONLY) (NJSP 232)

- APPLICATION MUST BE SUBMITTED WITHIN SIX MONTHS AFTER RETIREMENT
- YOU MUST SUPPLY TWO (2) PASSPORT TYPE PHOTOGRAPHS (LABEL REAR OF PICTURE WITH NAME AND SOCIAL SECURITY NUMBER. )
- YOU MUST ENTER YOUR FOUR DIGIT MUNICIPAL CODE OF YOUR RESIDENCE IN BLOCK (6)
- IF YOU DON'T HAVE AN SBI NUMBER, BLOCK ( 11 ) YOU MUST SUBMIT A NEW JERSEY STATE APPLICANT FINGERPRINT CARD---NJSP FORM SBI-19 - REV. 5/96\*

ALL SUBMITTED NEW JERSEY STATE FINGERPRINT CARDS MUST HAVE THE FOLLOWING INFORMATION:

- FIREARMS INVESTIGATION UNIT O.R.I. NUMBER NJNSP0212
- PLACE AN (X) IN THE OTHER BLOCK ON PRINT CARD AND WRITE IN RPO

**FEES**

APPLICATION FEE (YEARLY).....\$ 50.00..PAYABLE TO "SUPERINTENDENT OF STATE POLICE"

FLAG FEE (INITIAL APPLICATION ONLY) \$ 10.00..PAYABLE TO "DIVISION OF STATE POLICE- SBI"

\*STATE FINGERPRINT FEE (IF APPLICABLE)..... \$ 25.00..PAYABLE TO " DIVISION OF STATE POLICE- SBI

ALL FEES PAID BY SEPARATE MONEY ORDERS ONLY

**QUALIFICATIONS**

- A RETIRED LAW ENFORCEMENT OFFICER FIREARMS TRAINING RECORD MUST BE FILED WITH ALL APPLICATIONS. THIS IS A SPECIFIC QUALIFICATION COURSE AND ONLY FORMS PROVIDED TO THE INSTRUCTOR WILL BE ACCEPTED
- SIX MONTHS FROM ISSUANCE OF THE PERMIT, THE APPLICANT MUST RE-QUALIFY AND REMIT A NEW FIREARMS TRAINING RECORD
- INSERT YOUR STATE BUREAU OF IDENTIFICATION NUMBER ON THE LOWER RIGHT HAND CORNER OF THE FIREARMS TRAINING RECORD
- SEND ORIGINAL APPLICATION (WITH COMPLETED PART 1) DIRECTLY TO NEW JERSEY STATE POLICE, FIREARMS INVESTIGATION UNIT, RPO

**RENEWAL APPLICATION** (NJSP 232A)

COMPLETE PART 1 ONLY. SUBMIT YOUR RENEWAL FEE AND FIREARMS TRAINING RECORD.

**MAIL ALL DOCUMENTS TO:**

NEW JERSEY STATE POLICE  
FIREARMS INVESTIGATION UNIT - RPO  
P. O. BOX 7068  
WEST TRENTON, N.J. 08628





**STATE OF NEW JERSEY  
Renewal Application  
for a**



**Retired Law Enforcement Officer Permit to Carry a Handgun**

**Part 1 PRINT OR TYPE ALL INFORMATION —PART 1 ONLY**

(1) Last Name First Middle			(2) Residence Address Street City State Zip Code						
(3) Date of Birth	(4) Age	(5) Sex	Height	Weight	Hair	Eyes	Race	(6) Social Security Number	
(7) County of Residence	(8) Municipal Code Number	(9) Date Firearms Qualification	(10) Date Current RPO Permit Expires	(11) Home Phone Number	(12) SBI Number				
(13) Have you ever been convicted of any domestic violence offense in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a deadly weapon? <i>If Yes, explain.</i>								<input type="checkbox"/> Yes <input type="checkbox"/> No	
(14) Have you ever been convicted of a crime that has not been expunged or sealed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(15) Have you ever been confined to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? <i>If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
(16) Are you an Alcoholic?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(17) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? <i>If Yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
(18) Were you ever dependent upon the use of narcotic or other controlled dangerous substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(20) Signature of Applicant					The disclosure of my Social Security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking purposes only and is considered confidential.	(21) Date of Application
(19) Are you subject to any court order issued pursuant to Domestic Violence?		<input type="checkbox"/> Yes <input type="checkbox"/> No							

**Processing Police Agency: Upon completion of this portion of the application, mail to NJSP Firearms Investigation Unit, RPO, P.O. Box 7068, West Trenton, NJ 08628-0068.**

**Part 2 STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE - STATE POLICE USE ONLY**

Approved

Disapproved *Specify* \_\_\_\_\_

Permit No. \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

Date Documents Forwarded: \_\_\_\_\_

To Applicant \_\_\_\_\_

To Police Department \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent of State Police  
(Affix Seal Here)



State of New Jersey

CHRISTINE TODD WHITMAN  
Governor

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF STATE POLICE  
POST OFFICE BOX 7068  
WEST TRENTON NJ 08628-0068

JOHN J. FARMER, JR.  
Attorney General

COLONEL CARSON J. DUNBAR, JR.  
Superintendent  
TELEPHONE: (609) 882-2000

ADDRESS REPLY TO:

NEW JERSEY STATE POLICE  
STATION  
ADDRESS  
CITY, STATE, ZIP  
PHONE

DATE \_\_\_\_\_

NAME :  
ADDRESS :  
CITY :  
STATE :

DEAR, \_\_\_\_\_

RE: \_\_\_\_\_

The above captioned person is being investigated to determine his/her suitability for the issuance of a: (check one)

Permit to Carry a Handgun \_\_\_\_\_

N.J. Firearms ID Card \_\_\_\_\_

Permit to Purchase Handgun \_\_\_\_\_

A review of his/her application refers to you as a voucher. If that is the case, please provide the information requested below. Sign where indicated. Date and return it in the enclosed, self addressed envelope.

If the response to any of the questions below are in the affirmative, please explain the details on the back of this form.



REF: \_\_\_\_\_

INVEST # \_\_\_\_\_

It must be emphasized that in order for the Firearms Application to be considered, this form must be returned to the \_\_\_\_\_ Station **as soon as possible**.

**TO THE BEST OF YOUR KNOWLEDGE:**

1. Has the applicant ever been convicted of a crime or disorderly persons offense? YES \_\_\_ NO \_\_\_
2. Is the applicant an alcoholic? YES \_\_\_ NO \_\_\_
3. Is the applicant a habitual drunk? YES \_\_\_ NO \_\_\_
4. Is the applicant a narcotics user? YES \_\_\_ NO \_\_\_
5. Does the applicant suffer from any physical defect or illness? YES \_\_\_ NO \_\_\_
6. Has the applicant ever been confined to a mental institution? YES \_\_\_ NO \_\_\_
7. Has the applicant ever committed an act of domestic violence? YES \_\_\_ NO \_\_\_
8. Has the applicant ever been a member of any organization which advocates the overthrow of the U.S. or the State of New Jersey? YES \_\_\_ NO \_\_\_
9. How many years have you known the applicant? \_\_\_\_\_ YEARS
10. To your knowledge is there any reason why the above named person should **NOT** be issued a Firearms Permit? (If YES explain on back) YES \_\_\_ NO \_\_\_

If you have any questions or need further instructions please refer to the \_\_\_\_\_ Station phone number on page one (1).

SIGNATURE: \_\_\_\_\_

COIN DEPOT CORPORATION  
305 MADISON AVENUE, P.O. BOX 514  
ELIZABETH, NEW JERSEY 07207  
(908) 351-2636  
FAX (908) 351-9588

COIN DEPOT CORPORATION  
719 MAIN STREET  
AVON BY THE SEA, NEW JERSEY 07717  
(732) 774-0719  
FAX (732) 774-8154

CENTRAL MONEY PROCESSING CORPORATION  
1130 CHESTNUT STREET, P.O. BOX 514  
ELIZABETH, NEW JERSEY 07207  
(908) 820-3491  
FAX (908) 820-3478

COIN DEVICES CORPORATION  
5-26 45TH AVENUE  
LONG ISLAND CITY, NEW YORK 11101  
(718) 289-2900  
FAX (718) 289-2929

ANDOVER PROTECTIVE SERVICES  
1649 VETERANS MEMORIAL HIGHWAY  
CENTRAL ISLIP, NEW YORK 11722  
(516) 234-7171  
FAX (516) 234-4198

COIN DEVICES CONNECTICUT, INC.  
816 HONEYSPOT ROAD  
STRATFORD, CONNECTICUT 06497  
(203) 377-8850  
FAX (203) 386-1786

PRINCETON ARMORED SERVICE, INC.  
245 WHITEHEAD ROAD  
TRENTON, NEW JERSEY 08619  
(609) 890-6700  
FAX (609) 890-1266



\_\_\_\_\_  
Date

Superintendent New Jersey State Police

(NAME)

(SSN)

SS# \_\_\_\_\_

is employed by Princeton Armored Service, Inc. and we request that a New Jersey Permit to Carry A Handgun be issued with the restriction "VALID ONLY WHILE ON DUTY WITH PRINCETON ARMORED SERVICE, INC." It is necessary for our personnel to be armed for the protection of life and property, it is also required by our Insurance Company.

We endorse approval of this application and agree to notify you upon this employee's termination. In addition, we will obtain the Permit to Carry from the employee and surrender it to the nearest barracks or send it to the Firearms I.D. Unit.

We understand this change pertains to both initial and renewal applications of all Armored Car Company employees.

Sincerely,

(NAME)

Terminal Manager - Trenton

Subscribed to and Sworn  
to Before me:

\_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 2000.

**CDC SYSTEMS:** WHEELS AND BANKING, ELECTRONIC COIN HANDLING, CURRENCY PROCESSING, MODERN COIN CLEARING, ARMORED CAR SERVICE, COURIER SERVICES, SPECIALIZED DEPOSIT PROGRAMS, CUSTOMIZED SERVICE PLANS, ATM-SERVICE/REPLENISHMENT

COIN DEPOT CORPORATION  
305 MADISON AVENUE, P.O. BOX 514  
ELIZABETH, NEW JERSEY 07247  
(908) 351-2636  
FAX (908) 351-9588

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FAX (908) 820-3428

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LONG ISLAND CITY, NEW YORK 11101  
(718) 289-2900  
FAX (718) 289-2929

ANDOVER PROTECTIVE SERVICES  
1640 VETERANS MEMORIAL HIGHWAY  
CENTRAL ISLIP, NEW YORK 11722  
(516) 234-7171  
FAX (516) 234-4190

COIN DEVICES CONNECTICUT, INC.  
814 HONEYSPOUT ROAD  
STRATFORD, CONNECTICUT 06497  
(203) 377-8850  
FAX (203) 386-1786

PRINCETON ARMORED SERVICE, INC.  
245 WHITEHEAD ROAD  
TRENTON, NEW JERSEY 08619  
(609) 890-6700  
FAX (609) 890-1266



(DATE)

(NAME)

Princeton Armored Service, Inc.  
245 Whitehead Road  
Trenton NJ 08619

Dear (NAME),

This letter will certify that on January 27, 2000, at the Hillsborough Pistol Shooting Range, I conducted an in-service handgun training and qualification session for Princeton Armored Service, Inc. The session was attended by armored car driver/guards, previously trained in the use of the service handguns, who are currently holders of New Jersey licenses to carry handguns. The purpose of the training session was to maintain and improve the skill of these individuals, and also re-qualify them for renewal of their licenses to carry handguns in those cases where their licenses are approaching expiration.

The training program included instruction on firearms safety, revolver and 9MM semi-automatic handgun maintenance, loading and unloading, marksmanship basics, drawing and firing, close-range shooting techniques, barricade shooting, kneeling position shooting, speed reloading, interview stance, and cover mode. The course also included instruction on both New Jersey law and Company policy on the use of deadly force in defense of self and others. Our range session included a variety of training exercises at ranges from point blank to 25 yards, and concluded with the firing of a 25-yard qualification course. Officers then cleaned their handguns under my supervision, and took a written test designed to confirm their understanding of basic firearms safety, Company policy and the law of self-defense. In total, the training session lasted from 9:00am until 4:00pm, with each shooter firing approximately 200 rounds of ammunition. Firearms instructor (NAME) assisted with the training.

CDC SYSTEMS: WHEELS AND BANKING, ELECTRONIC COIN HANDLING, CURRENCY PROCESSING, MODERN COIN CLEARING, ARMORED  
CAR SERVICE, COURIER SERVICES, SPECIALIZED DEPOSIT PROGRAMS, CUSTOMIZED SERVICE PLANS, ATM-SERVICE/REPLENISHMENT

COIN DEPOT CORPORATION  
305 MADISON AVENUE, P.O. BOX 514  
ELIZABETH, NEW JERSEY 07207  
(908) 351-2636  
FAX (908) 351-9588

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PRINCETON ARMORED SERVICE, INC.  
145 WHITEHEAD ROAD  
TRENTON, NEW JERSEY 08619  
(609) 890-6700  
FAX (609) 890-1266



The individuals trained, and handguns used, were as follows:

PREVIOUSLY TRAINED EMPLOYEES

<u>NAME</u>	<u>HANDGUN</u>	<u>SCORE</u>	<u>PERCENT</u>
-------------	----------------	--------------	----------------

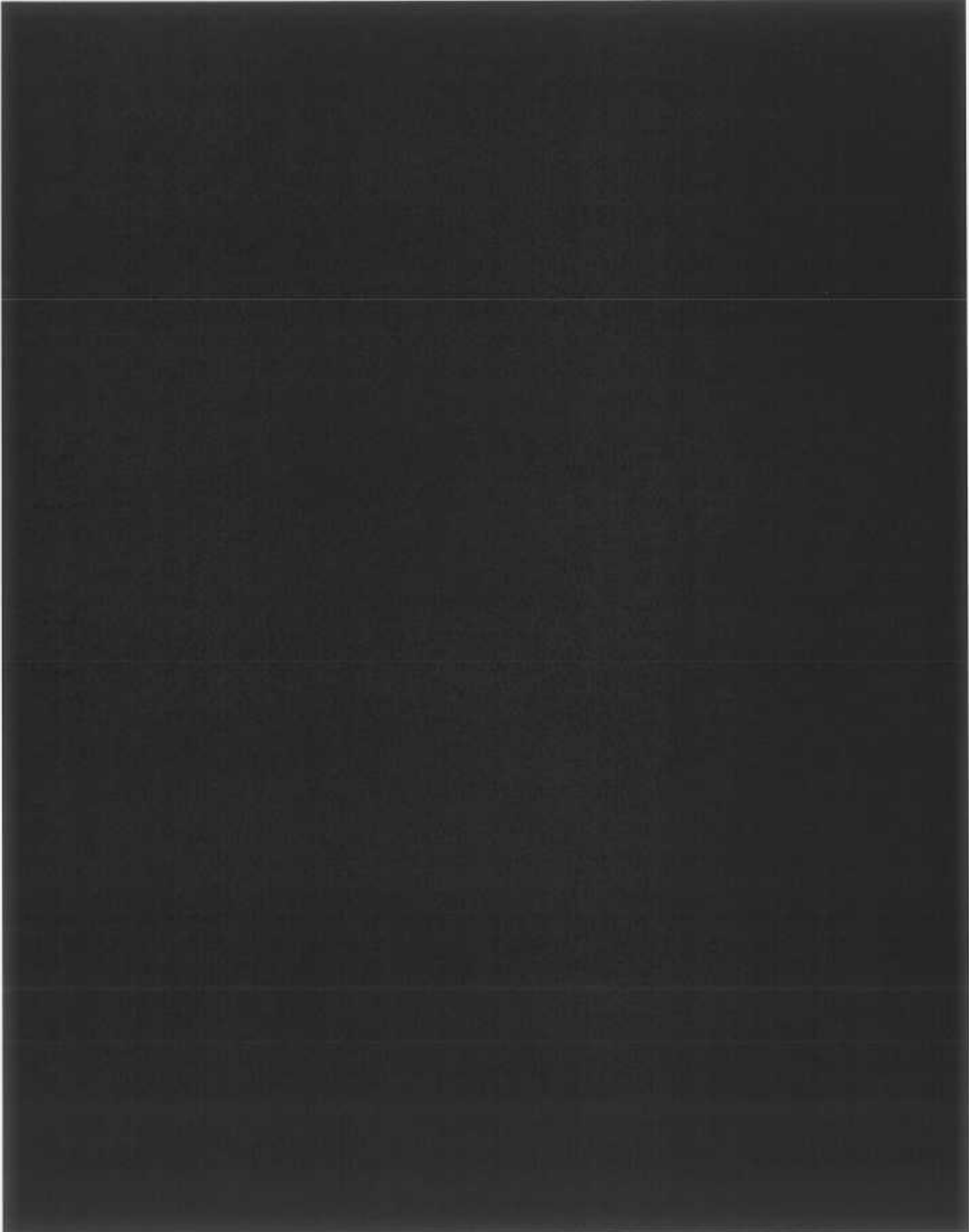
All employees met or exceeded the 75% necessary to qualify.

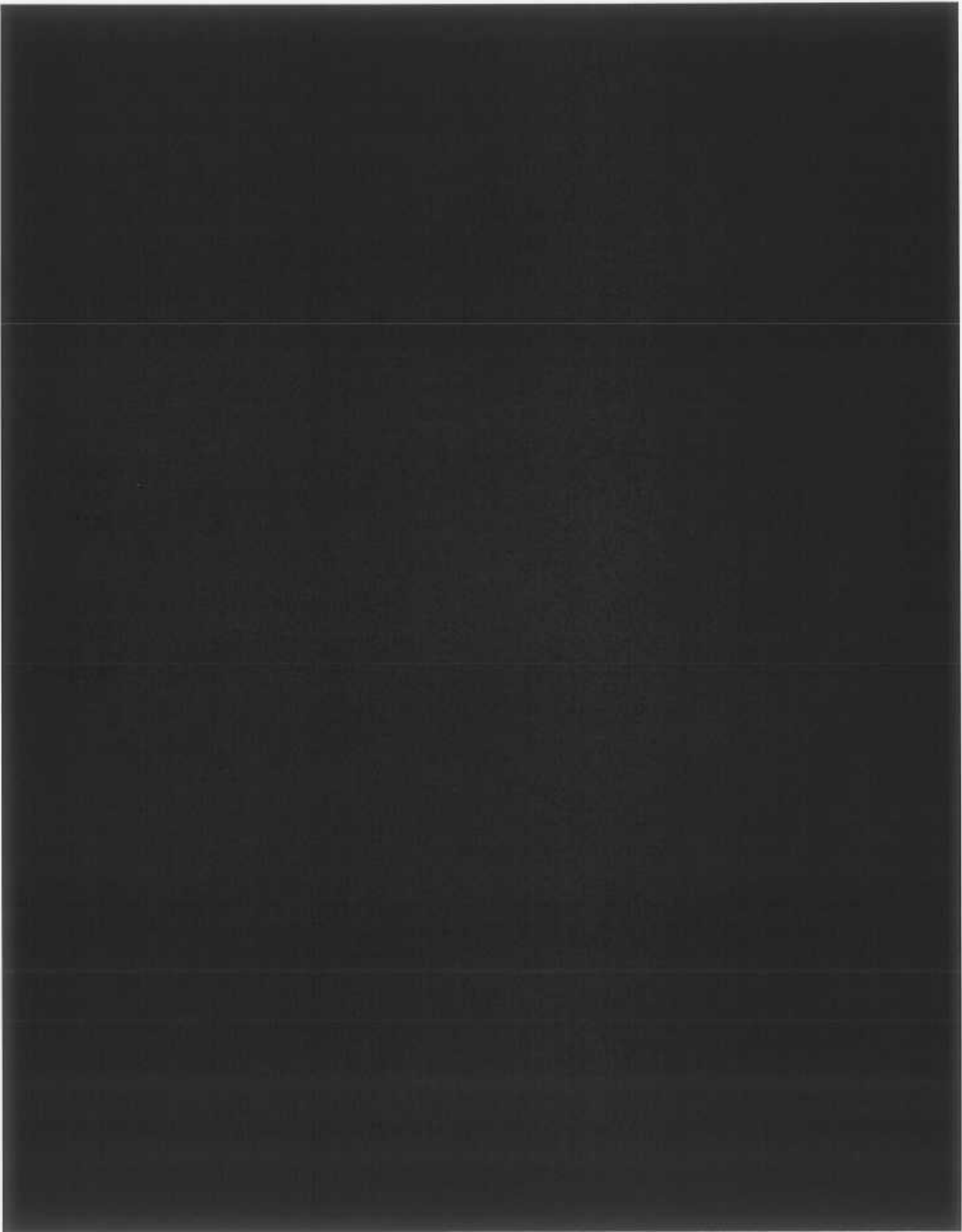
I am certified as a Firearms Instructor by the NRA (# ). Copies of my Instructor Certifications are attached.

Very Truly Yours,

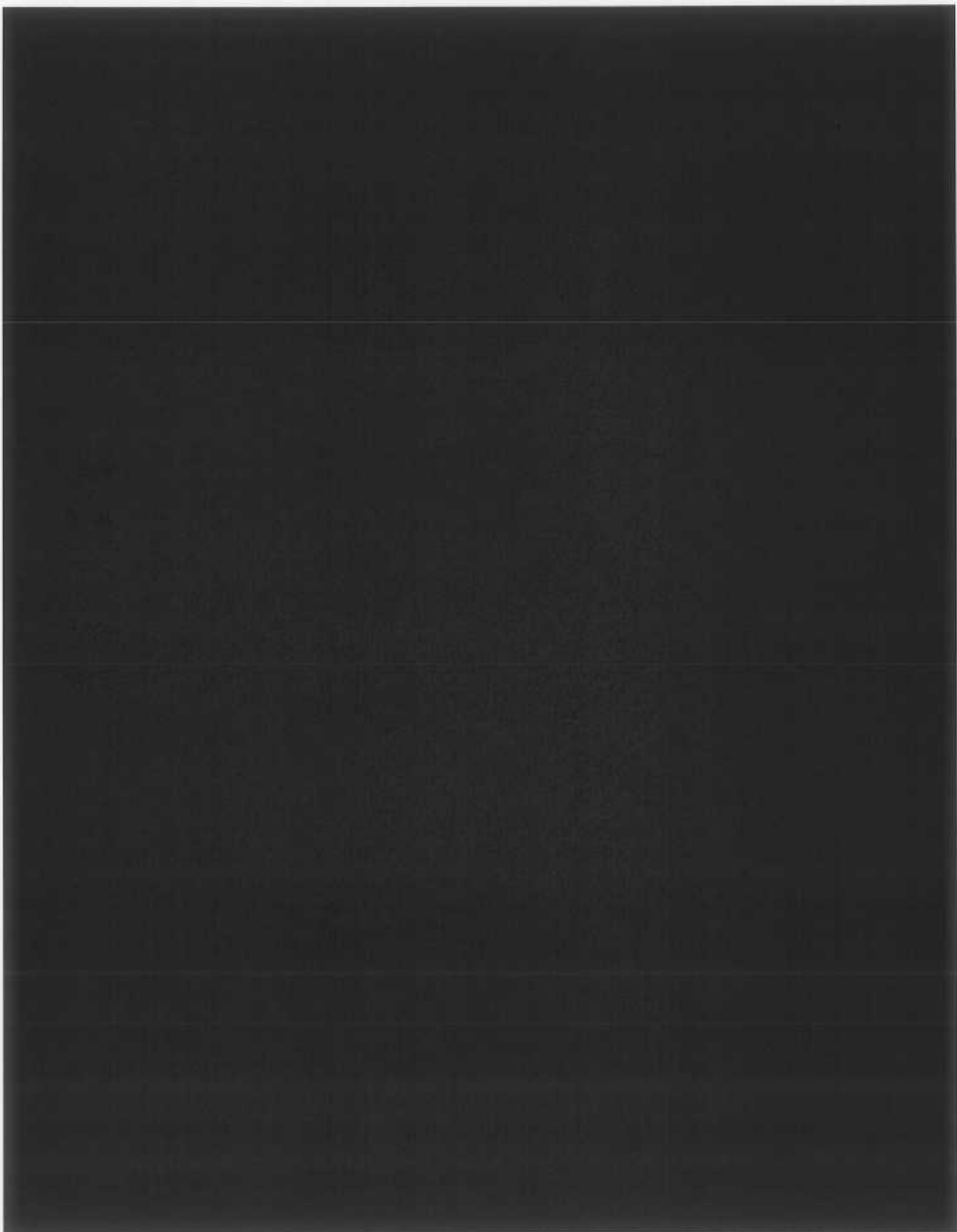
(NAME)  
Firearms Instructor

**CDC SYSTEMS:** WHEELS AND BANKING, ELECTRONIC COIN HANDLING, CURRENCY PROCESSING, MODERN COIN CLEARING, ARMORED CAR SERVICE, COURIER SERVICES, SPECIALIZED DEPOSIT PROGRAMS, CUSTOMIZED SERVICE PLANS, ATM-SERVICE/REPLENISHMENT











**This form is prescribed by the Superintendent for use by applicants for a Retail Firearms Dealer's License. Any alteration to this form is expressly forbidden.**



## STATE OF NEW JERSEY APPLICATION FOR RETAIL FIREARMS DEALER'S LICENSE

Initial       Renewal

*(All Licenses valid for three years from the date of issuance)  
If internet form, make and sign two originals*

If applicant is a Corporation or Partnership, form SP649A must be completed. Print or type answers to all questions and submit in duplicate.

(1) Last Name ( If female, include maiden) First		Middle	(2) Resident Address (Number - Street - City - State - Zip)	
(3) Date of Birth Month / Day / Year	(4) Age (Place of Birth - City - State or Country)		(5) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	(6) Social Security Number
(7) Sex	Height	Weight	Eyes	Race
			Hair	(8) Distinguishing Physical Characteristics
(9) Trade Name			(10) Business Address (Number - Street - City - State - Zip)	
(11) Home Telephone ( ) - ( )	(12) Business Telephone ( ) - ( )		(13) Driver's License Number & State	(14) Business Hours <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
(14a) If Part Time, Name of Full Time Employer			Address (Number - Street - City - State - Zip)	
			Telephone Number ( ) - ( )	
(15) If you possess a New Jersey Retail Firearms Dealer's License, List			(16) If you possess a Federal Firearms Dealer's License, List	
(A) License Number		(B) Date of Issue	(A) License Number	
			(B) Date of Issue	
(17) Have you ever been adjudged a juvenile delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(18) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(19) Have you ever been convicted of a criminal offense that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(20) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where
				Why?
(21) Have you ever had an Employee of Firearms Dealer License refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where
				Why?
(22) Are you an Alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(23) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.		<input type="checkbox"/> Yes <input type="checkbox"/> No
(24) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(25) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(26) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.		<input type="checkbox"/> Yes <input type="checkbox"/> No
(27) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(28) If answer to question 27 is yes, does this make it unsafe for you to handle firearms? If not, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	(29) If you possess a New Jersey Firearms Purchaser Identification Card, list the number.	
(30) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.				<input type="checkbox"/> Yes <input type="checkbox"/> No
(31) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain.				<input type="checkbox"/> Yes <input type="checkbox"/> No
(32) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here:				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A fee of \$50.00 payable to the Superintendent of State Police must accompany this application.</b> <b>Forward to: New Jersey State Police</b> <b>Firearms Investigation Unit</b> <b>P.O. Box 7068</b> <b>West Trenton, NJ 08628-0068</b>			<i>I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.</i>	
<b>DO NOT WRITE BELOW THIS SPACE</b>			(33) _____ Signature of Applicant	
License Number			Date of Application	
Date of Issue			<i>(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)</i>	
Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.				



**STATE OF NEW JERSEY  
APPLICATION FOR RETAIL FIREARMS DEALER'S LICENSE**  
*(To be completed if Corporation or Partnership)*



1. Name of Applicant: \_\_\_\_\_  
 A. Is applicant a private corporation?  Yes  No                      B. Is applicant a partnership?  Yes  No

*(This form does not apply to a public corporation. If you are a public corporation, contact the Superintendent of State Police, West Trenton, New Jersey 08628-0068 for instructions. For the purpose of this application, all corporations shall be considered private unless the stock of said corporation is sold on an authorized stock exchange.)*

2. Business address of applicant: \_\_\_\_\_  
 3. Location to be licensed: \_\_\_\_\_

4. If applicant is a private corporation or partnership, then all principals, general partners, limited partners, officers, directors, stockholders, other capital contributors, sales managers, sales personnel who directly engage in the purchase or sales of firearms **shall complete page one or page two of the application forms (whichever is applicable) and submit the following information:**

<b>Name</b>	<b>Residence</b>	<b>Business Location</b>	<b>Capacity</b>
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_____
_____
_____

*(If additional space is needed for names, attach a separate sheet)*

5. Has applicant ever conducted a firearms business at the location sought to be licensed or elsewhere?  Yes  No  
 If yes, where and when? \_\_\_\_\_

6. Have persons who hold or possess an actual or equitable controlling interest in the applicant ever conducted a firearms business under any other business entity?  Yes  No    If yes, under what name, where and when? \_\_\_\_\_

7. Has applicant ever applied for and been refused a firearms dealer's license under any other business entity?  Yes  No  
 If yes, where and when? \_\_\_\_\_

8. Have persons who possess an actual or equitable controlling interest in the applicant ever applied for and been refused a firearm's dealer's license under any other business entity?  Yes  No    If yes, where and when? \_\_\_\_\_

9. Has applicant ever had a firearms dealer's license revoked in this or any other state?  Yes  No  
 If yes, where and when? \_\_\_\_\_

10. Have persons who hold or possess an actual or equitable controlling interest in the applicant ever had a firearms dealers license revoked in this or in any other state?  Yes  No    If yes, where and when? \_\_\_\_\_

11. Is the applicant currently licensed to sell firearms in any other state or by the Federal Government?  Yes  No  
 If yes, indicate where, license number and date of issue. \_\_\_\_\_

12. Do any of the persons who possess an actual or equitable controlling interest in the applicant currently possess a license to sell firearms in any other state or by the Federal Government?  Yes  No                      If yes, indicate name of person(s), where and license number(s). \_\_\_\_\_

_____ (Name of Applicant)	certifies he is the	_____ (President, Vice President, Partner, Etc.)
of the applicant, that the applicant is a _____		in the State of _____ (Corporation, Partnership, Limited Partnership, Etc.)
and that said applicant is authorized or registered to do business in the State of New Jersey. Further, that he is familiar with the information furnished herein, that the information contained herein is true and correct, and is furnished in order to assist the application to obtain a New Jersey Retail Firearms Dealer's License, and that he is authorized to submit this application on behalf of said applicant for a Retail Dealer's License.		
<p><b>NOTE: In event of any change to any answer set forth in this application, applicant shall forthwith notify the issuing authority of the change.</b></p>		
_____ Date	_____ Signature of Corporate Officer or Partnership	_____ Page 1A

If applicant is for a Corporation or Partnership, complete PAGE 1A also.

(Print or type answers to all questions and submit in duplicate).

**STATE OF NEW JERSEY**  
**APPLICATION FOR REGISTRATION AS WHOLESALE**  
**DEALER AND MANUFACTURER OF FIREARMS**  
 (All licenses valid for a period of three (3) years from date of issuance)  
 Check Appropriate Block  Initial  Renewal

(1) Last Name (If female, include maiden)	First	Middle	(2) Resident Address	(Number — Street — City — State — Zip)
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(3) Date of Birth	(4) Age (Place of Birth — City — State or Country)	(5) Citizen	(6) Social Security Number
		Yes No	

(7) Sex	Height	Weight	Eyes	Race	Hair	(8) Distinguishing Physical Characteristics
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(9) Trade Name	(10) Business Address
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(11) Home Telephone	(11A) Business Telephone	(11B) Driver's License No. & State
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(12) Business Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	(12A) If Part Time, Give Name of Full Time Employer
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Address	Telephone Number
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(13) If You Possess a New Jersey Retail Firearms License, Give The: (A) License Number _____ (B) Date of Issue _____	(14) If You Possess a Federal Firearms Dealer's License, Give The: (A) License Number _____ (B) Date Expires _____
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(15) Have you ever been convicted of a disorderly persons offense or adjudged a juvenile delinquent?	Yes or No	If Yes, List Date(s)	Place(s)	Offense(s)
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(16) Have you ever been convicted of a crime that has not been expunged or sealed?	Yes or No	If Yes, List Date(s)	Place(s)	Offense(s)
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(17) Have you ever had a permit to purchase a handgun refused?	Yes or No	If Yes, By Whom?	Where?	When?	Why?
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(18) Have you ever had a permit to carry a handgun, firearms dealer's license or ID card refused or revoked?	Yes or No	If Yes, By Whom?	Where?	When?	Why?
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(19) Are You an Alcoholic?	Yes or No	(20) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis?	Yes or No
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(21) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	Yes or No	(22) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient or out-patient basis for any mental or psychiatric conditions?	Yes or No
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(23) Are you now being treated for a drug abuse problem?	Yes or No	(23A) If answer to question 23 is yes, does this make it unsafe for you to handle firearms? If not, explain.
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(23B) Do you suffer from a physical defect or sickness?	Yes or No
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(25) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon?	Yes or No
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(26) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain?	Yes or No	(27) If you possess a New Jersey Firearms Purchasers Identification Card, list number _____
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A fee of \$150.00 payable to the Superintendent of State Police must accompany this application.  
 Forward to:  
 New Jersey State Police  
 Firearms Identification Unit  
 Box 7068  
 West Trenton, New Jersey 08628-0068

I hereby certify the above application to be correct in every particular.  
**NOTE:** Falsification of any information on this form is a crime of the fourth degree as provided in NJS 2C: 39-10a.  
 (28) \_\_\_\_\_  
 Signature of Applicant

<b>DO NOT WRITE IN THIS SPACE</b>	
License Number	Date of Issue

(29) \_\_\_\_\_  
 Date of Application  
 The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking purposes only and is considered confidential.

STATE OF NEW JERSEY  
APPLICATION FOR REGISTRATION AS  
WHOLESALE DEALER AND MANUFACTURER OF FIREARMS

(To be Completed If Partnership Or Corporation)

LAW QUOTED

2C:58-1 Registration of Manufacturers and Wholesale Dealers of Firearms.

a. Registration

Every manufacturer and wholesale dealer of firearms shall register with the Superintendent as provided in this section. No person shall engage in the business of, or act as a manufacturer or sell at wholesale any firearm, until he has so registered.

Applications for registration shall be made on such forms as shall be prescribed by the superintendent, and the application shall furnish such information and other particulars as may be prescribed by law or by any rules or regulations promulgated by the superintendent. Each application for registration or renewal shall be accompanied by a fee of \$150.00.

1. Name of applicant \_\_\_\_\_
2. Address of business \_\_\_\_\_
3. Are you a manufacturer or wholesaler? \_\_\_\_\_
4. If manufacturer, give complete description of the items you manufacture which are covered by this law.  
\_\_\_\_\_  
\_\_\_\_\_

5. If wholesaler, what items do you sell, which are covered by this law? \_\_\_\_\_  
\_\_\_\_\_

6. State whether your business is individual, corporation, or partnership \_\_\_\_\_

(IF CORPORATION, GIVE NAME AND DATE OF FILING WITH SECRETARY OF STATE)

7. If individual, give full name and home address; if corporation, give full name and home addresses of officers and directors; if partnership, give full names and home address of partners. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Give full name and home address of all persons employed by applicant who purchase or sell complete firearms or completed parts of firearms on your behalf. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All persons named in 7 and 8 must complete form SP 280 and be fingerprinted

9. Has applicant ever conducted a firearms business at the location sought to be registered or elsewhere?  
 Yes  No If yes, under what name, where and when \_\_\_\_\_  
\_\_\_\_\_
10. Have persons who hold or possess an actual or equitable controlling interest in the applicant ever conducted a firearms business under any other business entity?  Yes  No If yes, under what name, where and when \_\_\_\_\_  
\_\_\_\_\_
11. Has applicant ever applied for and been refused a firearms dealer's license or registration as a manufacturer or wholesaler under any other business entity?  Yes  No If yes, when and where \_\_\_\_\_  
\_\_\_\_\_



**This form is prescribed by the Superintendent for use by applicants for Employee of Firearms Dealer License. Any alteration to this form is expressly forbidden.**



## STATE OF NEW JERSEY APPLICATION FOR EMPLOYEE OF FIREARMS DEALER LICENSE

Check all that apply.

Initial     Renewal     Transfer     Retail     Wholesale

*(All Employee Licenses expire three years from the date of issuance or upon the expiration of the employer's license to Manufacture, Wholesale or Retail Firearms)*

**If internet form, make and sign two originals**

All employees of a Firearms Dealer or Manufacturer who directly or indirectly engage in the sale or purchase of firearms or parts thereof and ammunition are required to complete this application form.

(1) Last Name ( If female, include maiden) First		Middle	(2) Resident Address (Number - Street - City - State - Zip)	
(3) Date of Birth Month / Day / Year	(4) Age (Place of Birth - City - State or Country)		(5) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	(6) Social Security Number
(7) Sex	Height	Weight	Eyes	Race
			Hair	(8) Distinguishing Physical Characteristics
(9) Employer's Trade Name			(10) Business Address (Number - Street - City - State - Zip)	
(11) Home Telephone ( ) - ( )	(12) Business Telephone ( ) - ( )		(13) Driver's License Number & State	(14) Date of Employment / / <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
(15) Employee's Position with Licensee			(16) If you possess a New Jersey Firearms Purchaser Identification Card, list the number	
(17) Have you ever been adjudged a juvenile delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(18) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(19) Have you ever been convicted of a criminal offense that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
(20) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where
				Why?
(21) Have you ever had an Employee of Firearms Dealer License refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where
				Why?
(22) Are you an Alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(23) Have you ever been confined or committed to a mental institution or hospital for treatment, or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.		
(24) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(25) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(26) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(27) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(28) If answer to question 27 is yes, does this make it unsafe for you to handle firearms? If not, explain.				<input type="checkbox"/> Yes <input type="checkbox"/> No
(29) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.				<input type="checkbox"/> Yes <input type="checkbox"/> No
(30) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain.				<input type="checkbox"/> Yes <input type="checkbox"/> No
(31) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here:				<input type="checkbox"/> Yes <input type="checkbox"/> No
A fee of \$5.00 payable to the Superintendent of State Police must accompany this application. Forward to: New Jersey State Police Firearms Investigation Unit P.O. Box 7068 West Trenton, NJ 08628-0068			I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.	
<b>DO NOT WRITE BELOW THIS SPACE</b>				
License Number	FIU#	Date of Issue	County Code	
			(32) Signature of Applicant _____ Date of Application _____ <i>(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)</i>	
Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.				