



STATE OF NEW JERSEY



Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit

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

Check Appropriate Block(s)

- Initial Firearms Purchaser Identification Card
Lost or Stolen Identification Card
Mutilated Identification Card
Change of Address on Identification Card
Change of Sex on Identification Card
Change of name on Identification Card
Application to Purchase a Handgun

(1) NAME Last (If female, include maiden) First Middle (2) SOCIAL SECURITY NUMBER

(3) RESIDENCE ADDRESS Number & Street City State Zip (4) HOME TELEPHONE

(5) DATE OF BIRTH (6) AGE (7) PLACE OF BIRTH City, State, Country (8) DRIVER'S LICENSE NUMBER & STATE

(9) SEX RACE HEIGHT WEIGHT HAIR EYES (10) DIST PHYSICAL CHARACTERISTICS (Marks, Scars, Tattoos) (11) U.S. CITIZEN

(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE (13) OCCUPATION

(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (If Applicable) (15) N.J. FIREARMS ID CARD/SBI NUMBER

(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

(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain

(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s) and offense(s).

(19) Have you ever been convicted of a disorderly persons offense in New Jersey or any criminal offense in another jurisdiction where you could have been sentenced up to six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and offense(s).

(20) Have you ever been convicted of a crime in New Jersey or a criminal offense in another jurisdiction where you could have been sentenced to more than six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and crime(s)

(21) Do you suffer from a physical defect or disease? (22) If answer to question 21 is yes, does this make it unsafe for you to handle firearms? If not, explain.

(23) Are you an alcoholic? (24) 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

(25) Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)? (26) 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.

(27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, permit to carry a handgun or any other firearms license or application refused or revoked in New Jersey or any other state? If yes, explain.

(28) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of force and violence, either to overthrow the Government of the United States or of this State, or which seeks to deny others 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)

(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant other than relatives:

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.

APPROVED IDENTIFICATION CARD/PERMIT NUMBER(S)

(30) 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.

DISAPPROVED Reason for Disapproval

APPLICANT: DO NOT WRITE BELOW THIS SPACE

- 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. OTHER (SPECIFY)

This _____ Day of _____, 20__

Signature Title

Department of Police Municipal Code #

MANALAPAN TOWNSHIP POLICE DEPARTMENT
Supplementary Firearms Application

FA-01 Rev 05/05

NAME OF APPLICANT	
ADDRESS OF APPLICANT (Number, Street, Town, State)	DATE OF BIRTH
1) Have you ever had a domestic violence restraining order signed against you?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, If so explain below:	
2) Have you ever been accused of a domestic violence offence?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, If so explain below:	
3) Are there presently any domestic violence restraining orders against you?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, If so explain below:	
4) Have you ever applied for a domestic violence restraining order?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, If so explain below:	
5) Have you ever had any weapons seized or taken from you or you premise during the investigation of a domestic violence incident?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, If so explain below:	
6) Have you ever forfeited your right to own, hold, carry, purchase or otherwise posse a firearm for any reason including a domestic violence incident?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, If so explain below:	
Signature of applicant	Date of application



CONSENT FOR MENTAL HEALTH RECORDS SEARCH

*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, MI)		Date of Birth: (Month, Day, Year)	Social Security Number:
Address: (Number & Street)	(Municipality)	(County)	(State)

List Prior Addresses for past 10 years: NOT APPLICABLE

ADDRESS 1: Dates Resided From: _____ To: _____

(Number & Street)	(Municipality)	(County)	(State)
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ADDRESS 2: Dates Resided From: _____ To: _____

(Number & Street)	(Municipality)	(County)	(State)
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I, _____ am aware of my rights under N.J.S.A. 30:4-24.3, and the Health Insurance Portability and Insurance Accountability Act (HIPAA), 45 C.F.R. 164.50, 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. I understand that copies of this authorization shall be considered sufficient authorization for the release of records.

Investigating Police Department _____

Witness _____

X
Signature of Applicant _____

Date _____

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.

PART TWO (To be completed by County Adjuster's Office, Mental Health Institution and/or Doctor)

	Record of Admission Commitment or Treatment	Date of Check	Signature of Authorized Official or Doctor
County Adjuster's Office _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Institution or Doctor _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

PART THREE (To be completed by authorized official or doctor only if applicant has record of admission, commitment, or treatment at a hospital, mental institution or sanitarium for a mental disorder)

NAME OF HOSPITAL, MENTAL INSTITUTION OR SANITARIUM	ADMISSION (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	_____	_____
_____	_____	_____	_____

Previous Address List

(All applicants must provide their previous addresses from the past 5 years)

PLEASE LIST FULL ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Applicant Signature _____

Date: _____