



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	(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
(24) Are you now being treated for a drug abuse problem? <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:			
A. _____ Name _____ Address _____ Telephone Number _____		B. _____ Name _____ Address _____ Telephone Number _____	

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.

APPROVED

IDENTIFICATION CARD/PERMIT NUMBER(S)

DISAPPROVED

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. OTHER (SPECIFY) _____

GRANTED ON APPEAL

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 _____