

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.

Lost or St	earms Pur colen Iden Identificat	chaser Identification Control	entification Card	Card		Change 	of nan	ne on Identification C List former name a		opy of mar	riage license or court orde	r
Change of					• • •	ation to	Purchase a Handg	un Quanti	ty of Perm			
(1) NAME Last (If female, include maiden) First							Middle (2) SOCIAL SECURITY NUMBER					
(3) RESIDENCE	ber & Street		City			State Zip			(4) HOME TELEPHONE			
(5) DATE OF BII	F BIRTH (6) AGE (7) PLACE OF BIRTH City, State, Country (8) DRIVER'S LICENSE NUMBER & STATE											
(9) SEX	SEX RACE HEIGHT WEIGHT HAIR EYES (10) DIST. PHYSICAL CHARACTERISTICS (Marks, Scars, Tattoos) (11										· · · · · · · · · · · · · · · · · · ·	S. CITIZEN
(12) NAME OF E	EMPLOYE	:R	EMP	LOYER'S	ADDRESS &	TELEPHO	ONE				(13) OCCUPATION	
(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (If Applicable) (15) N.J. FIREARMS ID CA										. FIREARMS ID CARD/SE	I 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												n. Yes
(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.												Yes No
(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).												Yes No
(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).												Yes No
(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).												Yes No
(21) Do you suffer from a physical defect or disease?											ot, explain.	Yes No
(23) Are you an alcoholic? Yes No (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.												Yes No
(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.												Yes No
(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.												Yes No
(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).												Yes No
(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives: A.												
В.												
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 applicantion are complete, in every particular. I realize that if any of the foregoing answers made by am subject to punishment.												
APPROVED	PROVED IDENTIFICATION CARD/PERMIT NUMBER(S) Reason for Disapproval						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 considered confidential.) Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.					
DISAPPROVED							T1.:	APPLIC			ELOW THIS SPACE	00
GRANTED ON	C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND INIS Day of									, 20		
APPEAL	ARREAL F FALCIFICATION OF ARRUSATION									Title		