

FRANKLIN TOWNSHIP POLICE DEPARTMENT
202 SIDNEY ROAD, PITTSTOWN, NJ 08867
OFFICE (908)735-6508 DISPATCH (908)782-9594

Firearm's Application Process Guidance

FIREARMS IDENTIFICATION CARD AND/OR HANDGUN PURCHASE PERMIT.

FINGERPRINTING PROCEDURE: Fingerprinting instructions will be provided upon the return of all paperwork to this department. All paperwork must be returned to Officer Craig Santoro at (908)735-6508 ext. 30 to make an appointment.

CRIMINAL HISTORY CHECK: Instructions will be provided upon the return of all paperwork to this department. This is a request for criminal history for a non-criminal justice purpose. **This procedure is ONLY done if you have previously been fingerprinted to receive your initial Firearms Identification Card.**

CONSENT FOR MENTAL HEALTH RECORDS SEARCH: Applicant needs to complete, sign and date this form and be witnessed by another individual over the age of 18.

#29 on application form. Please include ***FULL ADDRESS, INCLUDING ZIP CODES AND PHONE NUMBERS WITH AREA CODES.***

Any questions regarding the application process can be directed to Officer Craig Santoro.



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 Purchaser I.D. Cards & Handgun 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

Form fields for personal information: (1) NAME, (2) SOCIAL SECURITY NUMBER, (3) RESIDENCE ADDRESS, (4) HOME TELEPHONE, (5) DATE OF BIRTH, (6) AGE, (7) PLACE OF BIRTH, (8) DRIVER'S LICENSE NUMBER & STATE, (9) SEX, RACE, HEIGHT, WEIGHT, HAIR, EYES, (10) DIST. PHYSICAL CHARACTERISTICS, (11) U.S. CITIZEN, (12) NAME OF EMPLOYER, EMPLOYER'S ADDRESS & TELEPHONE, (13) OCCUPATION, (14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD, (15) N.J. FIREARMS ID CARD/SBI NUMBER, (16) Have you ever been convicted of any domestic violence offense..., (17) Are you subject to any court order issued pursuant to Domestic Violence..., (18) Have you ever been adjudged a juvenile delinquent..., (19) Have you ever been convicted of a disorderly persons offense..., (20) Have you ever been convicted of a crime in New Jersey..., (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..., (23) Are you an alcoholic..., (24) Have you ever been confined or committed to a mental institution..., (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..., (27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun..., (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...

APPLICANT: DO NOT WRITE BELOW THIS SPACE
A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card (Initial Firearms Purchaser ID card only) and/or \$2.00 for each Permit to Purchase a Handgun, payable to the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application.
APPROVED
DISAPPROVED
GRANTED ON APPEAL
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)

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.
(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.
APPLICANT: DO NOT WRITE BELOW THIS SPACE
This Day of , 20
Signature Title
Department of Police Municipal Code #



STATE OF NEW JERSEY



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

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E. FALSIFICATION OF APPLICATION
F. DOMESTIC VIOLENCE
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(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.)
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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 #:** *See Privacy Act Notice Below. _____

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) _____

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

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, including disclosure of the fact that said records may have been expunged, 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 or for the disclosure of the fact of expungement.

Investigating Police Department

Witness (Print Name)

X _____
Signature of Witness

X _____
Signature of Applicant

Date

* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the 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 <small>(Dr.: Provide Medical License #)</small>
_____ County Adjuster's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____
_____ Institution or Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____

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 <small>(mo/day/yr)</small>	DISCHARGE <small>(mo/day/yr)</small>	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	to _____	_____
_____	_____	to _____	_____

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



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 #:** *See Privacy Act Notice Below. _____

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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(Number & Street) _____ (Municipality) _____ (County) _____ (State) _____

*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.***

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Witness (Print Name)

X _____
Signature of Witness

X _____
Signature of Applicant

Date

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	Record of Admission Commitment or Treatment	Date of Check	Signature of Authorized Official or Doctor <i>(Dr.: Provide Medical License #)</i>
_____ County Adjuster's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____
_____ Institution or Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____

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

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Municipal Police Records Check

Please print or type all information.

PART I: TO BE COMPLETED BY THE APPLICANT

Applicant: Complete all information requested in its entirety. **DO NOT LIST YOUR MAILING ADDRESS; PROVIDE THE ADDRESS WHERE YOU ACTUALLY RESIDE** (Municipality of actual residence).

NAME: Last		Maiden (or previous name if applicable)		First	Middle
HOME ADDRESS: Number & Street		Apt. # (if applicable)	City/Township/Borough		State Zip Code
DATE OF BIRTH: (Month/Day/Year)			SBI NUMBER (if known)		
DEALER NAME:			DEALER LICENSE #:		

PART II: TO BE COMPLETED BY THE APPLICANT

Applicant: In the fields below, provide the contact information requested for the police agency that provides **police service** for the **municipality in which you live**.

NAME OF AGENCY					
AGENCY ADDRESS: Number & Street		City/Township/Borough		State	Zip Code
TELEPHONE NUMBER () -			FAX NUMBER () -		

— APPLICANT: DO NOT WRITE BELOW THIS LINE —

PART III: LAW ENFORCEMENT RETURN ENDORSEMENT

The New Jersey State Police Firearms Investigation Unit is conducting a background investigation for licensing purposes on the subject identified in Part I of this form. Please complete the fields below and return this form, along with any records found, to the Firearms Investigation Unit by faxing to **609-882-2016**.

If the record is too lengthy to fax, please mail it to:
New Jersey State Police
P.O. Box 7068, West Trenton, N.J. 08628-0068
Attn: Firearms Investigation Unit.

CERTIFICATION: The records of this agency (in-house only) were checked for the subject identified in Part I of this form. The results of said check are indicated below.	
<input type="checkbox"/> RECORD FOUND	<input type="checkbox"/> NO RECORD FOUND
DATE CHECK CONDUCTED:	NAME OF POLICE DEPARTMENT
PRINT NAME OF OFFICIAL CONDUCTING RECORDS CHECK	Signature

If you need assistance in completing this form or have any questions, please contact the New Jersey State Police Firearms Investigation Unit at 609-882-2000 ext. 2060.