

FRANKLIN TOWNSHIP POLICE DEPARTMENT

Hunterdon County

202 Sidney Road
Pittstown, New Jersey 08867



908-782-9594
908-735-6508
Fax 908-735-2990

Firearms Application Instructions

When applying for an original firearms identification card, please follow the instructions below.

Please note that a firearms purchaser identification card is required to purchase a rifle, shotgun, or handgun.

If you are interested in purchasing a handgun at the time of application, you must also check off the "application to purchase handgun box," and the quantity of permits requested. This is found in the top section of the Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit form.

Please note that a permit to purchase a handgun is valid for a period of 90 days from the date of issue. This permit may be extended for only one additional 90-day period. The applicant must bring the permit to headquarters to have a new date and signature applied to the permit.

Instructions to Complete Application for Original Firearms Identification Card

- You must be a resident of Franklin Township, Hunterdon County.
- Fill out application packet completely and print legibly.
 1. Be sure all blocks are completed. Place "N/A in the blocks where questions do not apply to you.
 2. Answer questions with a "yes" or "no". Do not circle answer.
 3. Sign Application on line 30.
 4. You must supply the names of two (2) persons who will be reference for you. These references must have known you for at least two (2) years, be of good moral character, must not be a relative of yours, nor live at the same residence. Please supply complete name, home mailing address, zip code, and telephone number.
- You must be fingerprinted. Included with this application packet is a MorphoTrak form that you need to present at the time of fingerprinting. Instructions for the fingerprint process are on the bottom of the Morpho Trak form. ***A case number must be assigned by this agency prior to fingerprinting.***



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..., (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..., (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..., (29) Names, Addresses and Telephone Numbers of two reputable persons...

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 #



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

| | | | | | |
|--|---|--|--|---|-------------|
| (1) Originating Agency Number (ORI #) NJ0101000 | | (2) Category FIR | (3) Statute Number 2C:58-1 THRU 4.1 | | |
| (4) Reason for Fingerprinting FIREARMS LICENSING | | | (5) Document Type B1 | (6) Payment Information \$55.45 | |
| (7) Contributor's Case # (Unique Identifier) | | | (8) Miscellaneous | | |
| (9) First Name | | (10) MI | (11) Last Name | | |
| (12) Daytime Phone Number () - | | (13) Social Security Number (Optional) | (14) Date of Birth | (15) Height | (16) Weight |
| (17) Maiden or Alias Last Name | | (18) Place of Birth (US State if US Citizen; Country for all others) | | (19) Country of Citizenship | |
| (20) Home Address | | | | | |
| Address | | City | State | Zip | |
| (21) Gender (Select one) [] Female [] Male [] Both | (22) Hair Color | (23) Eye Color | (24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown | | |
| (25) Occupation / Position (with respect to Requirement) | (26) Employer / Organization Name (with respect to Requirement) | | | | |
| | Employer Address | | | State | Zip |
| | City | | | | |

Identification Requirement - Acceptable Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

| | | |
|---|------------------------|-----------------|
| Applicant ID Number: | Payment Authorization: | PCN: |
| Scheduled Day & Date: | Scheduled Time: | Scheduled Site: |
| Agency Information: FRANKLIN TWP PD | | |

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_V2



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.*