



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

List former name and attach copy of marriage license or court order

Application to Purchase a Handgun Quantity of Permits:

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... (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... (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 who are presently acquainted with the applicant, other than relatives:

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 IDENTIFICATION CARD/PERMIT NUMBER(S)
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 #) NJ0100600		(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 \$52.70	
(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) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> [A] Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> [B] Black <input type="checkbox"/> [I] American Indian / Alaska Native <input type="checkbox"/> [W] White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> [U] Unknown		
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip
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, American Express, Discover, and 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 plus tax (\$10.70) 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 plus tax (\$10.70) 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: CLINTON 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 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 (Print Name)
X	X
Signature of Applicant	Signature of Witness
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 (Dr.: Provide Medical License #)
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 (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
		to _____	
		to _____	



CLINTON TOWNSHIP POLICE DEPT.

Reference Name:

Applicant's Name: _____

The person whose name appears above has applied for a Firearms Permit and has given your name as a reference. I would appreciate a reply, which will be held strictly confidential, as to whether you have any knowledge of this person ever having any mental disorder or any handicap which would make his/her handling of a firearm unsafe, and also your opinion of his/her character and the ability of this person to handle firearms.

1. Having ever been adjudged a Juvenile Delinquent? _____
2. Having ever been convicted of a crime or disorderly person offense? _____
3. Is an alcoholic? _____
4. Having ever been confined to a mental institution? _____
5. Being a habitual drunkard? _____
6. Being addicted to or a habitual user of narcotics? _____
7. Having ever been attended, treated, or observed by any doctor or psychiatrist for any mental condition. _____
8. Does he/she suffer from any physical defect or sickness? _____
9. Does he/she or has he/she ever been a member of any organization which advocates the violent overthrow of the Government? _____
10. How long have you known the applicant? _____
11. What type of community reputation do you know this person to have?

12. Do you know of any reason why this person should be denied this application?

Signature: _____ Date: _____

For your convenience, please feel free to fax back your letter to 908-735-9928.

Sincerely,

Lt. Ryan E. Melsky
Clinton Township Police Department



CLINTON TOWNSHIP POLICE DEPT.

Reference Name:

Applicant's Name: _____

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Signature: _____ Date: _____

For your convenience, please feel free to fax back your letter to 908-735-9928.

Sincerely,

Lt. Ryan E. Melsky
Clinton Township Police Department



CLINTON TOWNSHIP POLICE DEPT.

Hunterdon County Prosecutors
ATTN: Christopher Vaccaro

Juvenile Records
Search

The following named individual has applied for a firearms ID card and/or permit.
Please disclose any records to the Clinton Township Police Department.

Name/Maiden Name: _____

Address: _____

Date of Birth: _____

N.J.S.A. 2A:4-65 provides that juvenile records be safeguarded from public inspection. Those records are kept confidential and may be disclosed only to selected individuals and agencies in limited circumstances.

I, _____, am aware of my rights under N.J.S.A. 2A:4-65 and consent to a search and disclosure of my juvenile records to the Chief of Police of the Clinton Township Police Department for the purpose of verifying my firearms ID card and/or permit application and my fitness to own a firearm under N.J.S.A. 2A:151-33 or 2C:58-3.

Signature

WTINESS: _____
CTPD Records

DATED: _____