



FIREARMS APPLICATION

Fill out and print the application
Return completed forms to Police Records
(300 Old Tavern Road-Records Window)

FEES:

\$5.00 for the Firearms ID Card
\$2.00 for each Handgun Purchaser's Permit

These fees are due upon pickup of ID cards and/or permits

Please bring exact change or check made payable to:
'Howell Township Police Department'

Please be sure to sign and date the application
and mental health form.



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

(1) NAME Last (If female, include maiden) First Middle (2) SOCIAL SECURITY NUMBER

(3) RESIDENCE ADDRESS Number & Street City State Zip (4) HOME TELEPHONE

(5) DATE OF BIRTH (6) AGE (7) PLACE OF BIRTH City, State, Country (8) DRIVER'S LICENSE NUMBER & STATE

(9) SEX RACE HEIGHT WEIGHT HAIR EYES (10) DIST. PHYSICAL CHARACTERISTICS (Marks, Scars, Tattoos) (11) U.S. CITIZEN

(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE (13) OCCUPATION

(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (If Applicable) (15) N.J. FIREARMS ID CARD/SBI 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.

(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.

(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).

(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).

(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).

(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? If not, explain.

(23) Are you an alcoholic? (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.

(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.

(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.

(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).

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

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 #



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 (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 _____	_____	_____

*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.*