STATE OF NEW JERSEY



Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit

Check Appropriate Block(s) Initial Firearms Purchaser Identification Card Lost or Stolen Identification Card Mutilated Identification Card	Change of n	ame on Identification Card List former name and atta	ch copy of marr	iage license or court order	
Change of Address on Identification Card Change of Sex on Identification Card	Application	to Purchase a Handgun Q	uantity of Permi	its:	
(1) NAME Last (If female, include maiden)	First	Middle		(2) SOCIAL SECURITY	NUMBER
(3) RESIDENCE ADDRESS Number & Street	City	State Z	ip	(4) HOME TELEPHONE	
(5) DATE OF BIRTH (6) AGE (7) PLACE OF BIRTH City, Stat	e, 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 es 🗆 No
(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS	& TELEPHONE			(13) OCCUPATION	
(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (<i>If Applicable</i>) (15) N.J. FIREARMS ID CARD/SBI					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.					
(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.					Yes
(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).					Yes
(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?	cal defect or disease?				
(23) Are you an alcoholic? Yes (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 Yes
(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
(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 C Firearms Purchaser ID card only) and/or \$2.00 for each Permit to Purchase a payable to the Superintendent of State Police or the Chief of Police in the mut which you reside, must accompany this application.	ard (Initial in ev a Handgun, hicipality in	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.			
APPROVED IDENTIFICATION CARD/PERMIT NUMBE	(The appli	Signature of Applicant disclosure of my social security nu cation may be delayed. This numbe fication of this form is a crime of	r is considered cor	Without this number, the proc nfidential.)	
Image: Constraint of the second se				ELOW THIS SPACE	-
B. PUBLIC HEALTH SAFETY AND WELFARE C. MEDICAL, MENTAL OR ALCOHOLIC BACK		S	Day of		, 20
GRANTED ON APPEAL D. NARCOTICS/ DANGEROUS DRUG OFFEN E. FALSIFICATION OF APPLICATION F. DOMESTIC VIOLENCE	SE Signa	ture		Title	
		Departmen	t of Police	Mun	cipal Code #