



**STATE OF NEW JERSEY  
Renewal Application  
for a**



**Retired Law Enforcement Officer Permit to Carry a Handgun**

**Part 1 PRINT OR TYPE ALL INFORMATION —PART 1 ONLY**

(1) Last Name First Middle			(2) Residence Address Street City State Zip Code						
(3) Date of Birth	(4) Age	(5) Sex	Height	Weight	Hair	Eyes	Race	(6) Social Security Number	
(7) County of Residence		(8) Municipal Code Number		(9) Date Firearms Qualification		(10) Date Current RPO Permit Expires			
(11) Home Phone Number			(12) SBI Number		(13) Driver's License Number & State				
(14) 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? <i>If Yes, explain.</i>								<input type="checkbox"/> Yes <input type="checkbox"/> No	
(15) Have you ever been convicted of a crime that has not been expunged or sealed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(16) Have you ever been confined to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? <i>If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
(17) Are you an Alcoholic?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(18) 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? <i>If Yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
(19) Were you ever dependent upon the use of narcotic or other controlled dangerous substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(21) Signature of Applicant				The disclosure of my Social Security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking purposes only and is considered confidential.		(22) Date of Application
(20) Are you subject to any court order issued pursuant to Domestic Violence?		<input type="checkbox"/> Yes <input type="checkbox"/> No							

**Upon completion of this portion of the application, mail to NJSP Firearms Investigation Unit, RPO, P.O. Box 7068, West Trenton, NJ 08628-0068.**

**Part 2 STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE - STATE POLICE USE ONLY**

Approved

Disapproved *Specify* \_\_\_\_\_

Permit No. \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

Date Documents Forwarded: \_\_\_\_\_

To Applicant \_\_\_\_\_

To Police Department \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent of State Police  
*(Affix Seal Here)*