

STATE OF NEW JERSEY

Renewal Application for a Retired Law Enforcement Officer Permit to Carry a Handgun

Part 1 PRINT OR TYPE ALL INFORMATION

(1) NAME <i>Last</i> _____ <i>First</i> _____ <i>Middle</i> _____			(2) SOCIAL SECURITY NUMBER _____
(3) RESIDENCE ADDRESS <i>Street</i> _____ <i>City</i> _____ <i>State</i> _____ <i>Zip Code</i> _____			(4) HOME PHONE NUMBER _____
(5) DATE OF BIRTH _____	(6) AGE _____	(7) COUNTY OF RESIDENCE _____	(8) MUN. CODE NO. _____
(9) DRIVER'S LICENSE NUMBER & STATE _____			
(10) SEX _____	HEIGHT _____	WEIGHT _____	HAIR _____
		EYES _____	RACE _____
(11) DATE OF MOST RECENT FIREARMS QUALIFICATION _____		(12) DATE CURRENT RPO PERMIT EXPIRES _____	(13) SBI NUMBER _____
(14) <i>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.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(15) <i>Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(16) <i>Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(17) <i>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).</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(18) <i>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).</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(19) <i>Do you suffer from a physical defect or disease?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	(20) <i>If answer to question 21 is yes, does this make it unsafe for you to handle firearms? If not, explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(21) <i>Are you an alcoholic?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	(22) <i>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.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(23) <i>Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	(24) <i>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.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(25) <i>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.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(26) <i>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).</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(27) 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. Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.	(28) DATE OF APPLICATION _____

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* _____

GRANTED ON APPEAL *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)*