



This form is prescribed by the Superintendent for use by applicants for duplicate Firearms I.D. Cards. Any alteration to this form is expressly forbidden.



STATE OF NEW JERSEY

Application for Duplicate Firearms Purchaser Identification Card

All persons wishing to obtain a duplicate Firearms Purchaser Identification Card are required to complete this application form.

Check Appropriate Block(s)

- | | |
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| <input type="checkbox"/> Application to replace lost or stolen Identification Card | <input type="checkbox"/> Application for change of address on Identification Card |
| <input type="checkbox"/> Application to replace mutilated Identification Card | <input type="checkbox"/> Application for change of sex on Identification Card |
| <input type="checkbox"/> Application for change of name on Identification Card | |

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

(1) Last Name (If female, include maiden) First Middle	(2) Resident Address (Number - Street - City - State - Zip)
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(3) Date of Birth Month / Day / Year	(4) Age	(5) Distinguishing Physical Characteristics (Marks, Scars, Tattoos)	(6) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	(7) Social Security Number - -
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(8) Sex Height Weight Eyes Race Hair Complexion	(9) Driver's License Number & State	(10) Home Telephone () -
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(11) Address Appearing on Former Card	(12) N.J. Firearms ID Card/ SBI number
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(13) Have you ever been adjudged a juvenile delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
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(14) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
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(15) Have you ever been convicted of a criminal offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
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(16) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where	Why?
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(17) Have you ever had an Employee of Firearms Dealer License refused or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where	Why?
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(18) Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	(19) 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(20) Are you dependent upon the use of any narcotic or other controlled dangerous substance? <input type="checkbox"/> Yes <input type="checkbox"/> No	(22) 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 conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(21) Are you now being treated for a drug abuse problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	(22) 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 conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(23) Do you suffer from a physical defect or sickness? <input type="checkbox"/> Yes <input type="checkbox"/> No	(22) 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 conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(24) If answer to question 23 is yes, does this make it unsafe for you to handle firearms? If not, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	(25) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
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(26) Have you ever been convicted of any domestic violence 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 weapon? If Yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
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(27) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or 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) here: <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICANT: DO NOT WRITE BELOW THIS SPACE
 A Request for a Criminal History Name Check (SBI 212A) must accompany this application along with the required fee payable to "Division of State Police SBI." Application must be made to the Chief of Police, in the municipality in which you reside or to the Superintendent in all other cases.

APPROVED <input type="checkbox"/>	IDENTIFICATION CARD NUMBER
DISAPPROVED <input type="checkbox"/>	Reason for Disapproval
GRANTED ON APPEAL <input type="checkbox"/>	<input type="checkbox"/> A. CRIMINAL RECORD <input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE <input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND <input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE <input type="checkbox"/> E. FALSIFICATION OF APPLICATION <input type="checkbox"/> F. DOMESTIC VIOLENCE <input type="checkbox"/> 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.

(28) _____
 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 _____