



STATE OF NEW JERSEY

Application for Permit to Carry a Handgun



Application must be delivered to the Chief Police Officer of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. Any application submitted through a State Police Barracks will be accompanied by one (1) money order in the amount of \$200.00 payable to the New Jersey State Police.

Any application submitted through a local police department or municipality will be accompanied by one (1) money order in the amount of \$50.00 payable to the New Jersey State Police as well as an additional \$150.00 fee paid directly to the municipality. Two "passport style" pictures taken within the last 30 days must accompany this application.

Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Two photographs of the applicant, one and one-half inch square, head and shoulders, no hat, light background, taken within the last 30 days must accompany this application.

This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden. NEW RENEWAL

(1) Last Name (If female, include maiden) First	Middle	(2) Resident Address (Number - Street - City - State - Zip)	Municipal Code
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(3) Date of Birth Month / Day / Year	(4) Age (Place of Birth - City - State or Country)	(5) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	(6) Social Security Number - - -
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(7) Gender Height Weight Eyes Race Hair Complexion	(8) Distinguishing Physical Characteristics
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(9) Name of Employer	(10) Employer's Address (Number - Street - City - State - Zip)
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(11) Occupation	(12) Telephone (personal) () -	(13) Email (personal)
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(14) Driver's License Number & State	(15) If you possess a N.J. Firearms Purchaser ID Card, list the number
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(16) 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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(17) 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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(18) 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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(19) 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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(20) 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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(21) Are you an Alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(22) 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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(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(25) 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) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(25) 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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(26) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(25) 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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(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(28) 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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(29) 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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(30) 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 of 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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<p style="text-align: center;">Notary and Signature</p> <p>State of New Jersey County of _____ SS _____</p> <p>_____ being duly sworn, upon oath deposes and states that he/she is the applicant named on page one of this application; that the answers to the questions given on this application are complete, true and correct in every particular.</p> <p>This _____ Day of _____, 20 _____</p> <p style="text-align: center;">_____ Notary Public</p> <p style="text-align: center;">Signature of Applicant named _____ Date of Application _____</p> <p><small>(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.) I realize that if any of the foregoing answers made by me are false, I am subject to punishment. Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.</small></p>	<p style="text-align: center;">APPLICANT: DO NOT WRITE BELOW THIS LINE.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">APPROVED</td> <td style="width: 85%;">This _____ Day of _____, 20 _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">DISAPPROVED</td> <td>Signature _____ Title _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Department of Police _____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> <p>Reason for Disapproval</p> <p><input type="checkbox"/> A. CRIMINAL RECORD</p> <p><input type="checkbox"/> B. PUBLIC HEALTH, SAFETY, AND WELFARE</p> <p><input type="checkbox"/> C. MEDICAL, MENTAL, OR ALCOHOLIC BACKGROUND</p> <p><input type="checkbox"/> D. NARCOTICS/DANGEROUS DRUG OFFENSE</p> <p><input type="checkbox"/> E. FALSIFICATION OF APPLICATION</p> <p><input type="checkbox"/> F. DOMESTIC VIOLENCE</p> <p><input type="checkbox"/> G. OTHER (Specify) _____</p> </td> <td style="width: 30%; text-align: center; vertical-align: middle;"> <p>Photograph of Applicant 1.5 x 1.5 inches</p> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">GRANTED ON APPEAL</td> <td style="width: 85%;">SBI Number: _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Permit Number: _____</td> </tr> </table>	APPROVED	This _____ Day of _____, 20 _____	<input type="checkbox"/>		DISAPPROVED	Signature _____ Title _____	<input type="checkbox"/>	Department of Police _____	<p>Reason for Disapproval</p> <p><input type="checkbox"/> A. CRIMINAL RECORD</p> <p><input type="checkbox"/> B. PUBLIC HEALTH, SAFETY, AND WELFARE</p> <p><input type="checkbox"/> C. MEDICAL, MENTAL, OR ALCOHOLIC BACKGROUND</p> <p><input type="checkbox"/> D. NARCOTICS/DANGEROUS DRUG OFFENSE</p> <p><input type="checkbox"/> E. FALSIFICATION OF APPLICATION</p> <p><input type="checkbox"/> F. DOMESTIC VIOLENCE</p> <p><input type="checkbox"/> G. OTHER (Specify) _____</p>	<p>Photograph of Applicant 1.5 x 1.5 inches</p>	GRANTED ON APPEAL	SBI Number: _____	<input type="checkbox"/>	Permit Number: _____
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Endorsement Number One — *Reference must have known applicant for a minimum of three years preceding the date of the application.*

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set fourth in this application are complete, true and correct in every particular.

_____	No.	_____
Print or Type Name		Street Address
_____	City/Town	State Zip
Signature		
_____	Home Telephone Number	Business Telephone Number
Date of Endorsement		

Email Address		

Endorsement Number Two — *Reference must have known applicant for a minimum of three years preceding the date of the application.*

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set fourth in this application are complete, true and correct in every particular.

_____	No.	_____
Print or Type Name		Street Address
_____	City/Town	State Zip
Signature		
_____	Home Telephone Number	Business Telephone Number
Date of Endorsement		

Email Address		

Endorsement Number Three — *Reference must have known applicant for a minimum of three years preceding the date of the application.*

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set fourth in this application are complete, true and correct in every particular.

_____	No.	_____
Print or Type Name		Street Address
_____	City/Town	State Zip
Signature		
_____	Home Telephone Number	Business Telephone Number
Date of Endorsement		

Email Address		

Endorsement Number Four — *Reference must have known applicant for a minimum of three years preceding the date of the application.*

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set fourth in this application are complete, true and correct in every particular.

_____	No.	_____
Print or Type Name		Street Address
_____	City/Town	State Zip
Signature		
_____	Home Telephone Number	Business Telephone Number
Date of Endorsement		

Email Address		