

**FIREARMS APPLICATIONS - EFFECTIVE FEBRUARY 2015
AS PER N.J. STATE POLICE**

1. FILL OUT APPLICATION FOR FIREARMS PURCHASER ID CARD AND HANDGUN PURCHASE PERMIT. (S.T.S.033) FILL OUT ENTIRE FORM, MAKE SURE TO SIGN AND DATE THE FORM.

**2 N.J. STATE POLICE CONSENT FOR MENTAL HEALTH RECORDS SEARCH FORM (SP-66).
MAKE SURE TO SIGN AND DATE THE FORMS.**

3. FINGERPRINTING

IF YOU HAVE NEVER BEEN FINGERPRINTED FOR FIREARMS: ONCE YOU SUBMIT YOUR APPLICATION YOU WILL BE SUPPLIED WITH A FORM AND INSTRUCTIONS FOR BEING PRINTED AT MORPHO TRAK IN PARAMUS. ALL FEES AND COSTS ASSOCIATED WITH BEING PRINTED WILL BE COLLECTED BY MORPHO TRAK.

IF YOU HAVE BEEN FINGERPRINTED WITHIN THE PREVIOUS 12 MONTHS, NO FEES ARE REQUIRED.

ONCE A YEAR HAS PASSED SINCE YOU HAVE BEEN PRINTED YOU MUST REQUEST THE STATE POLICE TO PULL YOUR PRINTS. YOU WILL BE GIVEN A FORM FROM US, YOU MUST

GO ONLINE AND REQUEST YOUR PRINTS FROM THEM. ALL FEES ASSOCIATED WITH IT WILL BE TAKEN CARE OF AT THAT TIME.

4. FEES: (NO CASH WILL BE ACCEPTED.)

A. FIREARMS IDENTIFICATION CARD - \$5.00 PERSONAL CHECKS ARE PREFERRED, (ID CARD AND PERMIT FEES CAN BE PUT ON ONE CHECK) PAYABLE TO, "BOROUGH OF RAMSEY".

**B. PERMIT TO PURCHASE A HANDGUN - \$2.00 PERSONAL CHECKS ARE PREFERRED, (ID CARD AND PERMIT FEES CAN BE PUT ON ONE CHECK). PAYABLE TO,
"BOROUGH OF RAMSEY".**

**IF YOU ARE APPLYING FOR :
LOST/STOLEN ID CARD
MUTILATED ID CARD
CHANGE OF ADDRESS
CHANGE OF SEX**

YOU MUST FILL OUT ALL FORMS, AND GO THROUGH THE ENTIRE PROCESS.

PRIOR TO HANDING YOUR APPLICATION IN, IT IS SUGGESTED THAT YOU MAKE AN APPOINTMENT WITH A MEMBER OF THE FIREARMS APPLICATION INVESTIGATION UNIT. ANY APPLICATIONS THAT ARE NOT FILLED OUT PROPERLY WILL BE RETURNED FOR CORRECTION.

PROCESSING OF APPLICATION:

PROCESSING OF FINGERPRINTS BY THE N.J. STATE POLICE AND THE FEDERAL BUREAU OF INVESTIGATION IS AN ESSENTIAL PART OF THE INVESTIGATION, AND UNFORTUNATELY AT TIMES, PRESENTS A RELATIVELY LONG WAITING PERIOD. ALSO MENTAL HEALTH FORMS TAKE TIME TO COME BACK FROM HOSPITALS.

AT THE PRESENT TIME, A PERIOD OF APPROXIMATELY 12 WEEKS SHOULD BE EXPECTED. YOU WILL BE NOTIFIED BY PHONE WHEN YOUR APPLICATION ITEMS ARE COMPLETED AND READY FOR PICK-UP. PLEASE BRING POSITIVE I.D. WITH YOU WHEN PICKING THEM UP.



CONSENT FOR MENTAL HEALTH RECORDS SEARCH

*This consent MUST be completed by the firearm applicant.
Failure to consent requires denial or disapproval of the application.*



N.J.S.A. 30:4-24.3 provides that all records of any individual's commitment to a non-correctional institution for mental health reasons shall be confidential and shall not be disclosed except in limited circumstances or with the consent of the individual.

PART ONE (To be completed by the applicant)

Name: (Last, Maiden, First, MI) _____ Date of Birth: (Month, Day, Year) _____ Social Security #: *See Privacy Act Notice Below _____

Address: (Number & Street) _____ (Municipality) _____ (County) _____ (State) _____

List Prior Addresses for past 10 years: NOT APPLICABLE

ADDRESS 1: Dates Resided From: _____ To: _____
(Number & Street) _____ (Municipality) _____ (County) _____ (State) _____

ADDRESS 2: Dates Resided From: _____ To: _____
(Number & Street) _____ (Municipality) _____ (County) _____ (State) _____

I, _____ am aware of my rights under N.J.S.A. 30:4-24.3, and the Health Insurance Portability and Insurance Accountability Act (HIPAA), 45 C.F.R. 164-50, and consent to the disclosure of my mental health records, including disclosure of the fact that said records may have been expunged, to the Chief of Police and the Superintendent of State Police, or their designees, for the purpose of verifying my firearms permit application and my fitness to own a firearm under N.J.S.A. 2C:58-3. I understand that copies of this authorization shall be considered sufficient authorization for the release of records or for the disclosure of the fact of expungement.

Investigating Police Department _____

Witness (Print Name) _____

X
Signature of Witness _____

X
Signature of Applicant _____

Date _____

* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the application may be delayed. This number is considered confidential.

PART TWO (To be completed by County Adjuster's Office, Mental Health Institution and/or Doctor)

	Record of Admission Commitment or Treatment	Date of Check	Signature of Authorized Official or Doctor (Dr.: Provide Medical License #)
County Adjuster's Office _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____
Institution or Doctor _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____

PART THREE (To be completed by authorized official or doctor only if applicant has record of admission, commitment, or treatment at a hospital, mental institution or sanitarium for a mental disorder)

NAME OF HOSPITAL, MENTAL INSTITUTION OR SANITARIUM	ADMISSION (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____ to _____	_____ to _____	_____
_____	_____ to _____	_____ to _____	_____

*Additional forms may be obtained through the New Jersey State Police, Firearms Investigation Unit,
P.O. Box 7068, West Trenton, NJ 08628-0068, or via the Internet at www.njsp.org/info/forms.html.*



STATE OF NEW JERSEY



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

This form is prescribed by the Superintendent for use by applicants for Firearms Purchaser ID Cards & Handgun Purchase Permits. Any alteration to this form is expressly forbidden.

Check Appropriate Block(s)
Initial Firearms Purchaser Identification Card
Lost or Stolen Identification Card
Mutilated Identification Card
Change of Address on Identification Card
Change of Sex on Identification Card
Change of name on Identification Card
Application to Purchase a Handgun
Quantity of Permits
(1) NAME Last (if female, include maiden) First Middle (2) SOCIAL SECURITY NUMBER
(3) RESIDENCE ADDRESS Number & Street City State Zip (4) HOME TELEPHONE
(5) DATE OF BIRTH (6) AGE (7) PLACE OF BIRTH City, State, Country (8) DRIVER'S LICENSE NUMBER & STATE
(9) SEX RACE HEIGHT WEIGHT HAIR EYES (10) DIST. PHYSICAL CHARACTERISTICS (11) U.S. CITIZEN
(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE (13) OCCUPATION
(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (15) N.J. FIREARMS ID CARD/SBI NUMBER
(16) Have you ever been convicted of any domestic violence offense... (17) Are you subject to any court order issued pursuant to Domestic Violence?
(18) Have you ever been adjudged a juvenile delinquent? (19) Have you ever been convicted of a disorderly persons offense...
(20) Have you ever been convicted of a crime in New Jersey or a criminal offense in another jurisdiction...
(21) Do you suffer from a physical defect or disease? (22) If answer to question 21 is yes, does this make it unsafe for you to handle firearms?
(23) Are you an alcoholic? (24) Have you ever been confined or committed to a mental institution...
(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...
(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...
(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...
(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 \$3.00 for a Firearms Purchaser Identification Card (initial Firearms Purchaser ID card only) and/or \$2.00 for each Permit to Purchase a Handgun, payable to the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application.
APPROVED IDENTIFICATION CARD/PERMIT NUMBER(S)
Reason for Disapproval
A. CRIMINAL RECORD
B. PUBLIC HEALTH SAFETY AND WELFARE
C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
D. NARCOTICS/ DANGEROUS DRUG OFFENSE
E. FALSIFICATION OF APPLICATION
F. DOMESTIC VIOLENCE
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.
(30) Signature of Applicant Date of Application
This Day of , 20
Signature Title
Department of Police Municipal Code #