



Manchester Township Police

Lisa D. Parker, Chief of Police

1 Colonial Drive
Manchester, NJ 08759-3898

PHONE: 732-657-2009

FAX: 732-657-7604

FIREARMS INSTRUCTIONS

- NJ Driver's License must be presented.
- All paperwork and appropriate fees must be submitted together.

HOURS TO TURN IN PAPERWORK:

- 8:30 AM to 4:00 PM, Monday through Friday, excluding Holidays.

FINGERPRINTING INSTRUCTIONS:

**** When all forms are complete and returned to the Firearms Section of the Police Department, you will be given instructions & paperwork on where to be fingerprinted.

- \$5.00 Manchester Township Print fee payable by Personal Check or money order for Firearms I.D. Card, Made out to Township of Manchester.

HANGUN PERMIT FEE:

- \$2.00 Fee for EACH handgun permit.
- Payable by personal check or money order, made payable to "Township of Manchester".
- May combine this fee with I.D. card fee when applicable.

GENERAL INSTRUCTIONS:

- Fully complete Question Numbers 1-30 on the Application Form STS-033. Must provide in Block 10 description and location of all "Distinguishing physical characteristics to include all scars, tattoos, birthmarks, etc." A separate sheet of paper may be used if necessary.
- Put "N/A" for any answer to questions that do not apply. DO NOT LEAVE QUESTIONS BLANK.
- Any address and telephone number provided must include zip code and area code.
- DO NOT SIGN MENTAL HEALTH FORM. YOUR SIGNATURE MUST BE WITNESSED BY MANCHESTER POLICE PERSONNEL.
- You will be fingerprinted for a State and F.B.I. criminal history check.

REFERENCES:

- MUST KNOW APPLICANT FOR AS LEAST TWO (2) YEARS.
- CANNOT BE A RELATIVE. SHOULD BE A REPUTABLE PERSON.
- MAY NOT SHARE THE SAME RESIDENCE.

YOU WILL BE NOTIFIED WHEN THE FIREARM I.D.CARD AND OR PERMITS ARE READY TO BE PICKED UP.

IMPORTANT NOTE TO PEOPLE PURCHASING HANDGUNS:

If you are purchasing handguns from an inheritance or an estate, if you are a collector of handguns with a need to purchase or otherwise receive multiple handguns in the same transaction or within a 30-period in furtherance of your collecting activities or if you participate in sanctioned handgun shooting competitions and need to purchase or otherwise receive multiple handguns in a single transaction or within a 30-day period, you **MUST** complete the State of New Jersey Application for Multiple Handgun Purchase Exemption which must be approved by the Superintendent of the New Jersey State Police **PRIOR** to your filing an application for a handgun permit. The form is available online at <http://www.njsp.org/info/forms.html#firearms>. Copies of the application are also available at Manchester Township Police Department.

Important: Each form must contain a original signature of applicant. If you desire to make copies instead of filling out two forms, you must make copies prior to signing any document. The mental health form requires Manchester Police Personnel witness this signature.

Voluntary Information: In an effort to decrease the wait time of the permit or application process, please provide an email address to enable contact via email. This will greatly reduce the amount of time paperwork takes to travel between applicant and investigating authority.

EMAIL: (VOLUNTARY) _____



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.

Manchester Township Police Department
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 <small>(Dr.: Provide Medical License #)</small>
_____ 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 <small>(mo/day/yr)</small>	DISCHARGE <small>(mo/day/yr)</small>	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	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.*



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.

Manchester Township Police Department
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 <small>(Dr.: Provide Medical License #)</small>
_____ 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 <small>(mo/day/yr)</small>	DISCHARGE <small>(mo/day/yr)</small>	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	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 I.D. 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

Form fields for personal information: (1) NAME, (2) SOCIAL SECURITY NUMBER, (3) RESIDENCE ADDRESS, (4) HOME TELEPHONE, (5) DATE OF BIRTH, (6) AGE, (7) PLACE OF BIRTH, (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) Conviction questions, (17) Court order, (18) Juvenile delinquent, (19) Disorderly persons offense, (20) Crime conviction, (21) Physical defect, (22) Unsafe to handle firearms, (23) Alcoholism, (24) Mental/psychiatric condition, (25) Narcotic dependence, (26) Hospitalization, (27) Previous license, (28) Organization membership.

(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 \$5.00 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
DISAPPROVED
GRANTED ON APPEAL
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
(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
Department of Police Municipal Code #



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 I.D. 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

Form fields for personal information: (1) NAME, (2) SOCIAL SECURITY NUMBER, (3) RESIDENCE ADDRESS, (4) HOME TELEPHONE, (5) DATE OF BIRTH, (6) AGE, (7) PLACE OF BIRTH, (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..., (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..., (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...

APPLICANT: DO NOT WRITE BELOW THIS SPACE
A non-refundable fee of \$5.00 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
DISAPPROVED
GRANTED ON APPEAL
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
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
Department of Police Municipal Code #