



# Manchester Township Police

Lisa D. Parker, Chief of Police

1 Colonial Drive  
Manchester, NJ 08759-3898

PHONE: 732-657-2009

FAX: 732-657-7604

## PERMIT TO CARRY INSTRUCTIONS

\*DRIVER'S LICENSE, PAPERWORK AND FEES MUST BE SUBMITTED AT THE TIME OF FINGERPRINTING. 8:30 AM TO 4:00 PM, Monday through Friday, excluding holidays.

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

### **FEES:**

- \$50.00 Check or money order, NO CASH. Make payable to "State of New Jersey"
- \$5.00 Manchester Township print fee payable by personal check or money order. Make payable to "Township of Manchester".

### **GENERAL INSTRUCTIONS:**

- All forms must be complete and legible.
- Application must be filled out in triplicate. All originals, No copies accepted.
- Each application must be notarized.
- "Yes" or "no" answers must be written out. Do not circle.
- Put "N/A" for any answers to questions that do not apply. Do not leave any blank.
- Any address and telephone number provided must include zip code and area code.
- Must provide in Block #8 on State application 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.
- Do not sign Mental Health Form. **Your signature must be witnessed by Manchester Township Police Personnel.**

### **ADDITIONAL ITEMS TO BE SUBMITTED WITH APPLICATION:**

- FOUR (4) PHOTOGRAPHS (1 ½ INCH x 1 ½ INCH)
- Letter from employer on their letterhead or from self if self-employed, stating purpose for permit to carry. **LETTER MUST INCLUDE THE FOLLOWING:** "The undersigned hereby certifies that the statements contained herein are true. I am aware if any statements are knowingly false, I may be subject to penalty."
- Letter must be notarized.
- Certification of proficiency and safe handling of weapon(s), must be signed by a certified instructor.
- Must be current (**WITHIN 30 DAYS OF APPLICATION**).
- Private Investigators must provide a copy of State Private Investigators License.

### **REFERENCES:**

- Must know applicant for at least two (2) years.
- May not be a relative. Should be a reputable person.
- May not share the same residence.

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 it takes for paperwork to travel between applicant and investigating authority.

EMAIL: (VOLUNTARY) \_\_\_\_\_



# Manchester Township Police

Lisa D. Parker, Chief of Police

1 Colonial Drive, Manchester, NJ 08759

PHONE: 732-657-6111

FAX: 732-657-7604

## Criminal History Record Information Form

### Instructions

1. Insert the **New Jersey State Police Request for Criminal History Record** website into your Web Browser: <https://www.njportal.com/njsp/criminalrecords/>
2. Click on the **ON-LINE FORM 212A**
3. Insert the Manchester Township Police ORI Number: **NJ0151800**
4. Select **CONTINUE** and fill all required fields
5. Once this form is **completed** and **submitted** it will be sent to the Manchester Police for review prior to being sent to the New Jersey State Police.

If you have any questions or need assistance with the **On-line Form 212A** please click on the **HELP** button or call the **New Jersey e-Services Help Desk at 609-586-2600.**



# 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 (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 _____	_____

*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](http://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.*

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**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

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**ADDRESS 2:** Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_  
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*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 _____	_____

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P.O. Box 7068, West Trenton, NJ 08628-0068, or via the internet at [www.njsp.org/info/forms.html](http://www.njsp.org/info/forms.html).*



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.



## STATE OF NEW JERSEY APPLICATION FOR PERMIT TO CARRY A HANDGUN

Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$50.00 payable to State of New Jersey — Treasurer must accompany this application.

Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Four 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.

 NEW

 RENEWAL

Municipal Code  
1518

**Each person applying for a Permit to Carry a Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey. If this application is employment-related, then your employer must supply this letter. List the reason for this application:**

(1) Last Name ( If female, include maiden) First			Middle			(2) Resident Address (Number - Street - City - State - Zip)							
(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 - -					
(7) Sex	Height	Weight	Eyes	Race	Hair	Complexion	(8) Distinguishing Physical Characteristics						
(9) Name of Employer						(10) Employer's Address (Number - Street - City - State - Zip)							
(11) Occupation						(12) Home Telephone ( ) -			(13) Business Telephone ( ) -				
(14) Driver's License Number & State						(15) If you possess a N.J. Firearms Purchaser ID Card, list the number							
(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)			
(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)			
(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)			
(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?					
(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?					
(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			
(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			
(24) Are you now being treated for a drug abuse problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input type="checkbox"/> No			
(26) Do you suffer from a physical defect or sickness?		<input type="checkbox"/> Yes <input type="checkbox"/> No		(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	
(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			
(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			

### APPLICANT: DO NOT WRITE BELOW THIS SPACE

To the Judge of the Superior Court of \_\_\_\_\_ County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: \_\_\_\_\_ (Attach investigation Report when submitting to Superior Court.)

<b>APPROVED</b>	This _____ Day of _____, 20____	<b>Reason for Disapproval</b>
<input type="checkbox"/>	Signature _____ Title _____ Department of Police _____	<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. LACK OF JUSTIFIABLE NEED <input type="checkbox"/> H. OTHER (SPECIFY) _____
<b>DISAPPROVED</b>		
<input type="checkbox"/>		
<p>The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby:</p> <p><b>Grant</b> a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.</p> <p><input type="checkbox"/> <b>Deny</b> This _____ Day of _____, 20____</p> <p>_____ Judge of the Superior Court County NJ</p>		
<b>GRANTED ON APPEAL</b>		SBI Number: _____
<input type="checkbox"/>		Permit Number: _____
		Restrictions: <input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No

NOTICE: If Internet form, print Page 1, return to printer and print Page 2 on reverse side.

**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 forth in this application are complete, true and correct in every particular.

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

**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 forth in this application are complete, true and correct in every particular.

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

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

<p><b>State of New Jersey</b></p> <p>County of _____ <b>SS</b></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>_____ Notary Public</p>	<p>Signature of Applicant named on page one _____ Date of Application _____  <i>(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.</i></p>
<p><b>SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT</b></p>	
<p>List Permit Restrictions Here:</p>	<p>Photograph of Applicant 1.5 x 1.5 inches</p>



**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.**



## STATE OF NEW JERSEY APPLICATION FOR PERMIT TO CARRY A HANDGUN

Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$50.00 payable to State of New Jersey — Treasurer must accompany this application.

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(1) Last Name ( If female, include maiden) First		Middle	(2) Resident Address (Number - Street - City - State - Zip)	
(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 - -
(7) Sex	Height	Weight	Eyes	Race
			Hair	Complexion
(9) Name of Employer			(10) Employer's Address (Number - Street - City - State - Zip)	
(11) Occupation			(12) Home Telephone ( ) -	(13) Business Telephone ( ) -
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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)
(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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(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
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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
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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To the Judge of the Superior Court of \_\_\_\_\_ County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: \_\_\_\_\_  
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<input type="checkbox"/>		<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. LACK OF JUSTIFIABLE NEED
		<input type="checkbox"/> H. OTHER (SPECIFY) _____

**The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby:**

**Grant** a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.

**Deny**

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ NJ

\_\_\_\_\_  
Judge of the Superior Court County

<b>GRANTED ON APPEAL</b>	SBI Number: _____
<input type="checkbox"/>	Permit Number: _____
	Restrictions: <input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No

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Date of Endorsement	Home Telephone Number Business Telephone Number

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

<p><b>State of New Jersey</b></p> <p>County of _____ <b>SS</b></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>_____ Notary Public</p>	<p>Signature of Applicant named on page one _____ Date of Application _____  <i>(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.</i></p>
<b>SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT</b>	
<p>List Permit Restrictions Here:</p> <p>_____</p>	<p>Photograph of Applicant 1.5 x 1.5 inches</p>



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.



## STATE OF NEW JERSEY APPLICATION FOR PERMIT TO CARRY A HANDGUN

Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$50.00 payable to State of New Jersey — Treasurer must accompany this application.

Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Four 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.

 **NEW**
 **RENEWAL**

Municipal Code  
**1518**

**Each person applying for a Permit to Carry a Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey. If this application is employment-related, then your employer must supply this letter. List the reason for this application:**

(1) Last Name ( If female, include maiden) First		Middle	(2) Resident Address (Number - Street - City - State - Zip)	
(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 - -
(7) Sex	Height	Weight	Eyes	Race
			Hair	Complexion
(9) Name of Employer			(10) Employer's Address (Number - Street - City - State - Zip)	
(11) Occupation			(12) Home Telephone ( ) -	(13) Business Telephone ( ) -
(14) Driver's License Number & State			(15) If you possess a N.J. Firearms Purchaser ID Card, list the number	
(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)
(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)
(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)
(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?
(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?
(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
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(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
(26) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
(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	
(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
(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

**APPLICANT: DO NOT WRITE BELOW THIS SPACE**

To the Judge of the Superior Court of \_\_\_\_\_ County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: \_\_\_\_\_  
(Attach investigation Report when submitting to Superior Court.)

<b>APPROVED</b>	This _____ Day of _____, 20____	<b>Reason for Disapproval</b>
<input type="checkbox"/>	Signature _____ Title _____	<input type="checkbox"/> A. CRIMINAL RECORD
<b>DISAPPROVED</b>	Department of Police _____	<input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE
<input type="checkbox"/>		<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. LACK OF JUSTIFIABLE NEED
		<input type="checkbox"/> H. OTHER (SPECIFY) _____

**The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby:**

**Grant** a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.

**Deny**

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ NJ

\_\_\_\_\_  
Judge of the Superior Court County

<b>GRANTED ON APPEAL</b>	SBI Number: _____
<input type="checkbox"/>	Permit Number: _____
	Restrictions: <input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No

NOTICE: If Internet form, print Page 1, return to printer and print Page 2 on reverse side.

**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 forth in this application are complete, true and correct in every particular.

Print or Type Name  
Signature  
Date of Endorsement

No. Street Address  
City/Town State Zip  
Home Telephone Number Business Telephone Number

**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 forth in this application are complete, true and correct in every particular.

Print or Type Name  
Signature  
Date of Endorsement

No. Street Address  
City/Town State Zip  
Home Telephone Number Business Telephone Number

**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 forth in this application are complete, true and correct in every particular.

Print or Type Name  
Signature  
Date of Endorsement

No. Street Address  
City/Town State Zip  
Home Telephone Number Business Telephone Number

**State of New Jersey**  
**County of \_\_\_\_\_ SS**  
\_\_\_\_\_ 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.  
This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_  
*Notary Public*  
Signature of Applicant named on page one 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.) 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.*  
**SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT**  
List Permit Restrictions Here:  
\_\_\_\_\_  
\_\_\_\_\_  
Photograph of Applicant  
1.5 x 1.5 inches