



BRIGANTINE POLICE DEPARTMENT
 1417 WEST BRIGANTINE AVENUE BRIGANTINE NJ 08203
 Phone: (609) 266-7414~ Fax: (609) 266-1066 ~ www.brigantinepolice.org

Firearms Applicant Questionnaire

Last Name: _____ First: _____ MI _____

Marital Status: Married Single Widowed/er Separated Divorced Children ? _____

Military Status: Please indicate branch & years of service _____/_____

Discharge Date: ____/____/____ Discharge Rank: _____

Discharge Status: **(circle one)** Honorable / Other-than-Honorable / Dishonorable / Other. If "Other"

Please explain: _____

Have any of your immediate family members ever been arrested or convicted of any crime? Yes No

If "yes" to above, explain (include where & when) _____

Does your name appear in any Domestic Violence Files or on any Temporary / Final Restraining Orders?

Yes No. If "yes" explain: (include where & when) _____

Please list all prior addresses for the past 20 years: Start with most recent:

- | | | | | |
|------------------|----|----------------|------|-------|
| 1. _____ / _____ | | | | |
| From | To | Street Address | Town | State |
| | | | | |
| 2. _____ / _____ | | | | |
| From | To | Street Address | Town | State |
| | | | | |
| 3. _____ / _____ | | | | |
| From | To | Street Address | Town | State |

Please list the name, & **daytime** phone number of references used on your NJSP STS-33 application.

1. _____ Phone # () _____ - _____

2. _____ Phone # () _____ - _____

Please state your reasons and purpose for obtaining a New Jersey Firearms Identification Card or firearm:

I hereby certify that I have answered all the above truthfully and understand that if any are found to be otherwise, this application may be rejected, and I may be charged criminally & fines may result.

Signature: _____

Dated: ____/____/____
