



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

**FIREARMS APPLICANT REFERENCE**

Mr. / Mrs. \_\_\_\_\_ has filed:

- New Jersey Purchaser's Identification Card Application
- Application to Purchase a Handgun.
- Application for Permit to Carry a Handgun
- Application for change of information on FID.

The applicant has listed you as a reference and the Wall Township Police Department requires the following information from you in order to process his/her application. The information you provide is for "official use only" and will be kept confidential. A detective from this agency may also be in contact with you personally and will ask you questions about the applicant. Please fill in the below information completely. If you need additional forms they may be downloaded from our [www.brigantinepolice.org](http://www.brigantinepolice.org) website.

Applicant's residence: \_\_\_\_\_

Year's known to the applicant: \_\_\_\_\_ Your association: \_\_\_\_\_

**(Relatives not permitted)**

To your knowledge, has the applicant ever been arrested?  Yes  No

To your knowledge, has the applicant ever been involved in incidents of Domestic Violence?  Yes  No

Is the applicant currently employed?  Yes  No Has he/she ever been terminated?  Yes  No

Currently employed where & for how long? \_\_\_\_\_ / \_\_\_\_\_ yrs / \_\_\_\_\_ mos

Marital Status:  Married  Single  Widowed/er  Separated  Divorced \*Number of Children \_\_\_\_\_

To your knowledge, is there any reason the applicant (if approved for this application) would be a danger to themselves or others?  Yes  No. If yes, please explain: \_\_\_\_\_

To your knowledge, has the applicant ever been treated for a mental or psychiatric condition?  Yes  No

Is there any reason why you think the applicant **should not** be approved for this application?  Yes  No

If "yes" please explain: \_\_\_\_\_

Your Name: \_\_\_\_\_, \_\_\_\_\_ Phone #( ) \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

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

Signature: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_