

PRINT OR TYPE ALL INFORMATION — PART 1 ONLY
Part 1



STATE OF NEW JERSEY
Application For a Retired Law Enforcement Officer
Permit to Carry a Handgun



Complete all information as requested. If you reside in New Jersey, enter your municipal code in block 7. Enter the date you qualified on the *Retired Police Officer handgun qualification course* in block 10. If your retirement is a result of service with more than one agency, list the most recent agency in blocks 13 & 14 and attach a listing of all agencies with which you earned retirement credit. Include full contact information for each agency. Failure to properly complete this application will result in a delay in issuing a permit to carry. If internet form, make and sign two copies.

(1) Last Name First Middle			(2) Residence Address Street City State Zip Code		
(3) Date of Birth	(4) Age	(5) Place of Birth City State	(6) County of Residence	(7) Mun. Code No.	(8) Social Security Number
(9) Sex	Height	Weight	Hair	Eyes	Race
(13) Former Law Enforcement Employer			(14) Address of Former Employer		(15) Fmr. Emplr.'s Phone No.

(16) Have you ever been convicted of any domestic violence offense 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 deadly weapon? *If Yes, explain.* Yes No

(17) Have you ever been convicted of a crime that has not been expunged or sealed? Yes No

(18) Have you ever been confined 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.* Yes No

(19) Are you an Alcoholic? Yes No

(20) 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 condition? *If Yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.* Yes No

(21) Were you ever dependent upon the use of narcotic or other controlled dangerous substance? Yes No

(22) Are you subject to any court order issued pursuant to Domestic Violence? Yes No

(23) Signature of Applicant The disclosure of my Social Security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking purposes only and is considered confidential.

(24) Date of Application

Part 2 **APPLICANT: DO NOT WRITE BELOW THIS LINE**

The Superintendent of State Police, Chief of Police or the Chief Law Enforcement Officer will certify the above portion of the retired police officers application for a permit to carry a handgun in accordance to N.J.S. 2C:39-6L(2).

Name of Police/Law Enforcement Agency: _____

Applicant's Date of Hire: _____ Applicant's Date of Retirement: _____

Has the Applicant Retired in Good Standing: Yes No Did the Applicant Retire on a Disability Retirement? Yes No

If yes, did the applicant's disability retirement include a certification that the applicant was mentally incapacitated for the performance of his or her usual law enforcement duties and any other available duty in the department which you were willing to assign him or her? Yes No

I, _____, indicate by my signature below, certify to the reasonable knowledge as the chief law enforcement officer of the agency which employed the retired police officer listed on this application, is not subject to any mentally incapacitating disabilities, or any of the disabilities or restrictions set forth in subsection c. of N.J.S. 2C:58-3.

Signature of Superintendent of State Police/Chief of Police or Chief Law Enforcement Officer _____
P.D. Municipal Code

******* LIST ALL HANDGUNS KNOWN TO BE REGISTERED TO APPLICANT *******

MAKE	MODEL	SERIAL #	CALIBER

If more space is needed, attach bond paper.
Processing Police Agency: Upon completion of this portion of the application, mail to NJSP Firearms Investigation Unit, RPO, P.O. Box 7068, West Trenton, NJ 08628-0068.

Part 3 **STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE - STATE POLICE USE ONLY**

Approved Disapproved Specify _____

Permit No. _____ Date Permit Issued: _____ Date Permit Expires: _____

Date Documents Forwarded: _____

To Applicant _____

To Police Department _____ _____
Signature of Superintendent of State Police
(Affix Seal Here)