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.

☐ RENEWAL

□ NEW



Municipal Code

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 \$20.00 payable to State of New Jersey 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.

Each person applying for a Permit to Carry and 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			прюутет-ге	iated, trieri y	our employer	must sup	pıy uns	iettei					
(1) Last Name (If female	, include m	<i>aiden)</i> Firs	st	Middle	(2) Reside	ent Address	s (Nu	ımber	- Street - (City - State	- Zip)		
(3) Date of Birth	(4) Age (Place of Birth - City - State or Country)							(5) U.S. Citizen			(6) Social Security Number		
Month Day Year (7) Sex Height W	eight	Eyes	Race	Hair	Complexion	(8) Distin	nguishin	g Phy	sical Chara	acteristics	1		
(9) Name of Employer					(10) Employe	er's Addres	s (Num	nber -	Street - Cit	y - State - 2	Zip)		
(11) Occupation			'				(12) Home Telephone				(13) Business Telephone () -		
(14) Driver's License Nun	nber & Sta	te					(15) If y	ou po	ssess a N.	J. Firearms	Purchaser ID Card, list t	he number	
6) Have you ever been adjudged Yes a juvenile delinquent? No			If Yes, List D			Place(Offense(s)		
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?			If Yes, List Date(s)			Place(s)					Offense(s)		
8) Have you ever been convicted of a criminal offense, that has not been expunged or sealed?			If Yes, List D	ate(s)		Pla					Offense(s)		
(19) Have you ever had a purchaser identification permit to purchase a ha or permit to carry a han refused or revoked?	ridentification card, purchase a handgun, lo carry a handgun			nom?		Where			Why?				
(20) Have you ever had a Employee of Firearms I License refused or revo	of Firearms Dealer			nom?		When?			V	Vhere	Why?		
(21) Are you an Alcoholic (23) Are you dependent use of any narcotic or o	Yes No Yes	(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							Yes No				
controlled dangerous substance? No (24) Are you now being treated for Yes			(25) Have you ever been attended, treated or observed by any										
26) Do you suffer from a physical Yes			institution on an in-patient basis for any mental or psy the doctor, psychiatrist, hospital or institution and the										
(27) If answer to question 26 is yes, does this make it unsafe for you to Yes (28) Are you s								bject to any court order issued pursuant to Domestic If yes, explain. Yes No					
(29) Have you ever been attempting to or knowin												Yes	
(30) Are you presently, or the government of the Unersey? If yes, list name	Jnited Stat	tes or of thi	s State, or to c	leny others o	tion which advoc f their rights und	cates or ap	pproves nstitutio	the co	ommission ither the U	of acts of v	iolence, either to overthr or the State of New		
Jersey? If yes, list name and address of organization(s) here: APPLICANT: DO NOT WRITE BELOW THIS SPACE													
To the Judge of the Sup		rt of		′	J				•	d the appli	cant, and from the res	ults of such	
APPROVED	ant is:		(Attach	investigation	n Report when	submittin	ng to Su						
This_	This Day of, 20								Reason for Disapproval A. CRIMINAL RECORD B. PUBLIC HEALTH SAFETY AND WELFARE C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND D. NARCOTICS/ DANGEROUS DRUG OFFENSE				
DISAPPROVED	Signature Title												
Department of Police								E. FALSIFICATION OF APPLICATION					
The foregoing applic of the sufficiency the Grant a permit, purs	ereof, and	d the nee	d of the app	olicant to c	arry a handg	un, I her			G. LACK	STIC VIOL OF JUSTIF R (SPECIF	FIABLE NEED		
This					-	, 20_			NTED ON	SBI Num	ber:		
Deny				NJ			PPEAL	Permit N	umber:				
Judge of the Superior Court County S.P. 642 (Rev 11/03) Page One of Two Pages								Restrictions: Yes (List on Page 2)					

Endorsement Number One I am personally acquainted with , the applicant named on page one of this application. I have known Him/Her for Name of applicant from page one 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** I am personally acquainted with , the applicant named on page one of this application. I have known Him/Her for Name of applicant from page one 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 Date of Endorsement Home Telephone Number Business Telephone Number **Endorsement Number Three** , the applicant named on page one of this application. I have known Him/Her for I am personally acquainted with Name of applicant from page one 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 Street Address City/Town Signature State Date of Endorsement Home Telephone Number Business Telephone Number State of New Jersey SS County of being duly sworn, upon oath deposes and states that he/she is the applicant named on page one Name of Applicant from page one of this application; that the answers to the questions given on this application are complete, true and correct in every particular. 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. Notary Public SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT Photograph of Applicant 1.5 x 1.5 inches