

**FIREARMS APPLICANT PROCEDURE PLEASE READ CAREFULLY**

(Improperly prepared applications will not be accepted or processed)

**Falsification of information on any of the firearms applications, in violation of N.J.S.A. 2C:39-10c, is a third degree crime and may result in criminal charges against you.**

In order to obtain a firearm, you must meet eligibility requirements and comply with the statutes which govern firearms purchases in the State of New Jersey. The process begins with making an application for a Firearms Purchaser Identification Card and/or a Permit to Purchase a Handgun. This requires you to submit to a state and federal background investigation, supply references, be fingerprinted, and consent to a mental health records check.

**All Applicants:**

1. This entire packet of instructions and forms is available to download at [www.jeffersonpolice.com](http://www.jeffersonpolice.com) by clicking the "Forms" link in the dark gray menu bar at the top of the webpage.
2. Type or Print all information clearly, on all forms.
3. All applications must be filled out **Completely and Legibly**.
  - a. It is recommended you complete all paperwork on your computer, print it out, and then sign it. This reduces delays caused by illegible handwriting.
4. **All pages where your signature is required must be signed.**
5. By not strictly adhering to the preceding instructions, you can and **will** delay the processing of your application.
6. Applications can be dropped off at police headquarters at any time.
7. **DO NOT ATTACH FEES IN ANY FORM TO YOUR APPLICATIONS WHEN DROPPING THEM OFF\***. Any fees required will be collected when you pick up your Permits/ID card.

\*the only exception to this rule is Permit to Carry application.

## Obtaining Permits to Purchase Handguns

Applicant must be 21 years old

### Forms needed to process are:

1. A copy of your Driver's License
2. A copy of your Firearms Identification Card
3. N.J.S.P. Form STS-33 in duplicate
  - a. Form STS-33 is a multiple application form, which means it may be used to apply for one or all of the following, simultaneously:
    - i. Firearms Identification Card; and/or
    - ii. Permit(s) to Purchase a handgun; and/or
    - iii. Change of Address on, or replacement of, your Firearms ID Card.
  - b. You must fill in the amount of permits you are applying for.
4. N.J.S.P. Form SP66 - Consent for Mental Health Records Search
5. Two Completed Reference letters.
  - a. References should not be relatives or significant others;
  - b. All references must know the applicant for a minimum of three (3) years prior to the date of application; and
  - c. References should return their completed letters to you, and you must attach the completed letters to your application.
6. N.J.S.P. Form 212A (Request for Criminal History Record Information).
  - a. See on line application instructions (page 2 of these instruction sheets).
  - b. Attach a copy of confirmation to your application.
7. You will need one permit for each handgun you wish to purchase.
  - a. **Fees:**
    - i. Two (\$2.00) Dollars, payable to the Township of Jefferson, in the form of cash, check, or money order.
    - ii. Do Not Attached Fees In Any Form To Your Application(s).
    - iii. **The fee is collected when you pick up your permit(s) to purchase.**

### **PLEASE NOTE:**

- Handgun permits are valid for ninety (90) days from the date of issuance, but may be renewed for an additional ninety (90) days.
- You are required to apply for a handgun permit for EACH handgun you wish to purchase.
- In addition, new legislation is now in place that limits the amount of handguns that can be purchased during a 30-day time period.



STATE OF NEW JERSEY



Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit

This form is prescribed by the Superintendent for use by applicants for Firearms Purchaser I.D. Cards & Handgun Purchase Permits. Any alteration to this form is expressly forbidden.

Check Appropriate Block(s)

- Initial Firearms Purchaser Identification Card
Lost or Stolen Identification Card
Mutilated Identification Card
Change of Address on Identification Card
Change of Sex on Identification Card
Change of name on Identification Card
Application to Purchase a Handgun

Form fields for personal information: (1) NAME, (2) SOCIAL SECURITY NUMBER, (3) RESIDENCE ADDRESS, (4) HOME TELEPHONE, (5) DATE OF BIRTH, (6) AGE, (7) PLACE OF BIRTH, (8) DRIVER'S LICENSE NUMBER & STATE, (9) SEX, RACE, HEIGHT, WEIGHT, HAIR, EYES, (10) DIST. PHYSICAL CHARACTERISTICS, (11) U.S. CITIZEN, (12) NAME OF EMPLOYER, EMPLOYER'S ADDRESS & TELEPHONE, (13) OCCUPATION, (14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD, (15) N.J. FIREARMS ID CARD/SBI NUMBER, (16) Have you ever been convicted of any domestic violence offense..., (17) Are you subject to any court order issued pursuant to Domestic Violence..., (18) Have you ever been adjudged a juvenile delinquent..., (19) Have you ever been convicted of a disorderly persons offense..., (20) Have you ever been convicted of a crime in New Jersey..., (21) Do you suffer from a physical defect or disease..., (22) If answer to question 21 is yes, does this make it unsafe for you to handle firearms..., (23) Are you an alcoholic..., (24) Have you ever been confined or committed to a mental institution..., (25) Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)..., (26) Have you ever been attended, treated or observed by any doctor or psychiatrist..., (27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun..., (28) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of force and violence...

(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives:
A.
B.

APPLICANT: DO NOT WRITE BELOW THIS SPACE
A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card (Initial Firearms Purchaser ID card only) and/or \$2.00 for each Permit to Purchase a Handgun, payable to the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application.
APPROVED
DISAPPROVED
GRANTED ON APPEAL
Reason for Disapproval
A. CRIMINAL RECORD
B. PUBLIC HEALTH SAFETY AND WELFARE
C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
D. NARCOTICS/ DANGEROUS DRUG OFFENSE
E. FALSIFICATION OF APPLICATION
F. DOMESTIC VIOLENCE
G. OTHER (SPECIFY)

I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.
(30) Signature of Applicant 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.)
Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

APPLICANT: DO NOT WRITE BELOW THIS SPACE
This Day of , 20
Signature Title
Department of Police Municipal Code #



STATE OF NEW JERSEY



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(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives: A. B.

APPLICANT: DO NOT WRITE BELOW THIS SPACE
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DISAPPROVED
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I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.
(30) Signature of Applicant, 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.)
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This Day of, 20
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# 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.*

\_\_\_\_\_  
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 _____	_____

*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).*

**JEFFERSON TOWNSHIP POLICE DEPARTMENT  
FIREARMS APPLICANT REFERENCE**

Mr. / Mrs. \_\_\_\_\_ has filed an application with the Jefferson Township Police Department for a Permit to Purchase a Firearm, or a Firearms Identification Card. The applicant has listed you as a reference, and the Jefferson 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. An officer from the Jefferson Township Police Department may also be in contact with you personally and will ask you questions about the applicant.

**Please Fill In All Information Below *Completely***

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

Years known to the applicant: \_\_\_\_\_ Your association: \_\_\_\_\_  
**(Relatives Not Permitted)**

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

To your knowledge, has the applicant ever been an abuser of alcohol?  Yes  No

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 \_\_\_\_\_ Driver's License # \_\_\_\_\_

*I certify that the forgoing information I have provided is true to the best of my knowledge. I am aware that if any of the foregoing information is false, the firearms application may be rejected, and I may be subject to criminal charges and fines.*

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

**NOTICE TO REFERENCE COMPLETING THIS FORM**

**IT IS IMPORTANT THAT YOU COMPLETE THIS FIREARMS APPLICANT REFERENCE *IN A TIMELY MANNER AND RETURN IT TO THE APPLICANT, AS THEY CANNOT SUBMIT THEIR APPLICATION WITHOUT THIS REFERENCE. THANK YOU.***

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If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Current Address: \_\_\_\_\_ Town \_\_\_\_\_  
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Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**NJSP FORM 212A**  
**\*REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION\***  
**On Line Application Instructions**

1. Login to the website <https://www.njportal.com/njsp/criminalrecords/>.
2. When asked for the agency's ORI number, enter the ORI number N J 0 1 4 1 4 0 0.
3. A literal translation will appear, giving you the option of continuing or canceling the filing. If you choose to continue, you will fill out the demographics and select the background needed.
  - a. For Firearm Purchaser Identification Cards and Handgun Purchase Permits, you will select: N.J.S.A. 2C:58-3 (Firearms licensing).
4. You will then be requested to enter your State Bureau of Identification number (SBI number-also known as the Firearms Identification number).
  - a. This is to ensure that you have previously been fingerprinted for a firearms application.
  - b. If you have not, you will be rejected from the process at that point.
5. If all information is correct, you will then check out by making the payment by credit card or electronic check.
  - a. Once the payment is verified, you will receive a Confirmation & Receipt that will include your confirmation number.
  - b. It is recommended you save this document for your records and attach the confirmation to your application before you submit it.
6. Processing of all firearms applications usually takes thirty (30) to forty-five (45) days, and, on rare occasions, longer due to State and Federal fingerprint and background checks.
7. Once your application is completed, the Detective Bureau will contact you by telephone to make arrangements for pickup.
8. **If you are in need of further assistance or direction, please contact Detective Sergeant Krater at 973-208-6148**