



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.



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 \$50.00 payable to State of New Jersey — Treasurer 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.

NEW RENEWAL

Municipal Code

Each person applying for a Permit to Carry a 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 application:

Form fields including: (1) Last Name, (2) Resident Address, (3) Date of Birth, (4) Age, (5) U.S. Citizen, (6) Social Security Number, (7) Sex, Height, Weight, Eyes, Race, Hair, Complexion, (8) Distinguishing Physical Characteristics, (9) Name of Employer, (10) Employer's Address, (11) Occupation, (12) Home Telephone, (13) Business Telephone, (14) Driver's License Number & State, (15) Firearms Purchaser ID Card, (16-20) Criminal and Firearms History, (21-26) Substance Abuse and Mental Health, (27-30) Domestic Violence and Safety.

APPLICANT: DO NOT WRITE BELOW THIS SPACE

To the Judge of the Superior Court of County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: (Attach investigation Report when submitting to Superior Court.)

APPROVED / DISAPPROVED checkboxes and signature lines.

Signature and Title fields for the Judge of the Superior Court.

- 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. LACK OF JUSTIFIABLE NEED, H. OTHER (SPECIFY)

The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby: Grant a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.

Deny checkbox and signature line for the Judge of the Superior Court.

GRANTED ON APPEAL checkbox, SBI Number, Permit Number, and Restrictions fields.

NOTICE: If Internet form, print Page 1, return to printer and print Page 2 on reverse side.

Endorsement Number One — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ 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

Signature

Date of Endorsement

No. Street Address

City/Town State Zip

Home Telephone Number Business Telephone Number

Endorsement Number Two — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ 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

Signature

Date of Endorsement

No. Street Address

City/Town State Zip

Home Telephone Number Business Telephone Number

Endorsement Number Three — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ 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

Signature

Date of Endorsement

No. Street Address

City/Town State Zip

Home Telephone Number Business Telephone Number

State of New Jersey
County of _____ SS

_____ being duly sworn, upon oath deposes and states that he/she is the applicant named on page one of this application; that the answers to the questions given on this application are complete, true and correct in every particular.

This _____ Day of _____, 20____

Notary Public

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.

SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT

List Permit Restrictions Here:

Photograph of Applicant
1.5 x 1.5 inches