FIREARMS APPLICATIONS

YOU MUST BE A **TAX PAYING** RESIDENT OF
FREEHOLD TOWNSHIP

Effectively immediately firearm applications will only be accepted typed. ***No handwritten applications will be accepted***. Below you will find the necessary forms to complete. Print 2 copies of each document as ***2 ORIGINAL copies are needed to process your application. Do not sign documents. Signatures must be witnessed by Records Personnel!!!***

EMPLOYER & REFERENCES: You MUST have full name, street address, zip codes and phone numbers. (These numbers will not be looked up for you).

This Policy is set by the NJSP and NJAC 13:54-1.4 and not Freehold Township

NEW APPLICATIONS: *(NEVER HAD A FIREARMS ID CARD and/or want PERMITS for handguns)*

- **FORM STS-33** (Application for ID Card and/or Purchase Permit)
- Check appropriate boxes at top of form for ID Card / 1 Permit Per Month Only
- Fill in boxes #1 thru #30
- **FORM # SP-66** (Mental Health Record)

****YOU MUST BE FINGERPRINTED BY IDENTOGO by MorphoTrust USA***

PURCHASE PERMITS ONLY: (Each time you apply for a permit for handgun, this procedure must be done)

- ***(YOU ALREADY HAVE A FIREARMS ID CARD)***
- **FORM # STS-33** (Application for ID Card / Purchase Permit)
- Fill in Boxes #1 thru #30
- **FORM# SP-66** (Mental Health Record)
- **See Applicant Instructions to complete FORM #SB1-212A** (Request for Criminal History)

CHANGE OF ADDRESS / LOST / MUTILATED / CHANGE OF NAME

- **FORM # STS-33**
- Check box/boxes for reason a new card is being requested
- Fill in Boxes #1 thru to #30
- **FORM # SP-66** (Mental Health Record)
- **See Applicant Instructions to complete FORM #SB1-212A** (Request for Criminal History)

* You will be ***notified by mail*** when your items are ready. Upon picking up your items, you will need $5.00 for an ID card, $2.00 for each permit. ***This fee may be CASH or CHECK***.

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
  List former name and attach copy of marriage license or court order _____
- ☐ **Application to Purchase a Handgun** Quantity of Permits: _____

(1) NAME *Last (If female, include maiden)*	*First*	*Middle*	(2) SOCIAL SECURITY NUMBER - -
(3) RESIDENCE ADDRESS *Number & Street*	*City*	*State Zip*	(4) HOME TELEPHONE ( ) -

(5) DATE OF BIRTH / /	(6) AGE	(7) PLACE OF BIRTH *City, State, Country*	(8) DRIVER'S LICENSE NUMBER & STATE

(9) SEX RACE HEIGHT WEIGHT HAIR EYES	(10) DIST. PHYSICAL CHARACTERISTICS *(Marks, Scars, Tattoos)*	(11) U.S. CITIZEN ☐ Yes ☐ No

(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE	(13) OCCUPATION
(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD *(If Applicable)*	(15) N.J. FIREARMS ID CARD/SBI NUMBER

(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) *Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.*	☐ Yes ☐ No
(18) *Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).*	☐ Yes ☐ No
(19) *Have you ever been convicted of a disorderly persons offense in New Jersey or any criminal offense in another jurisdiction where you could have been sentenced up to six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and offense(s).*	☐ Yes ☐ No
(20) *Have you ever been convicted of a crime in New Jersey or a criminal offense in another jurisdiction where you could have been sentenced to more than six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and crime(s).*	☐ Yes ☐ No
(21) *Do you suffer from a physical defect or disease?* ☐ Yes ☐ No	(22) *If answer to question 21 is yes, does this make it unsafe for you to handle firearms? If not, explain.* ☐ Yes ☐ No
(23) *Are you an alcoholic?* ☐ Yes ☐ No	(24) *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
(25) *Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)?* ☐ Yes ☐ No	(26) *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
(27) *Have you ever had a firearms purchaser identification card, permit to purchase a handgun, permit to carry a handgun or any other firearms license or application refused or revoked in New Jersey or any other state? If yes, explain.*	☐ Yes ☐ No
(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, either to overthrow the Government of the United States or of this State, or which seeks to deny others their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s).*	☐ Yes ☐ No

(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 ☐

IDENTIFICATION CARD/PERMIT NUMBER(S)

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 #** ____

S.T.S. 033 (Rev. 09/09)

CLEAR FORM

CLEAR FORM

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 Number:**

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 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.***

_____
Investigating Police Department

_____
Witness (Print Name)

X _____
Signature of Witness

X _____
Signature of Applicant

_____
Date

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.

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 *(Dr.: Provide Medical License #)*
_____ *County Adjuster's Office*	☐ **Yes** ☐ **No** ☐ **Expunged**	_____	_____
_____ *Institution or Doctor*	☐ **Yes** ☐ **No** ☐ **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 *(mo/day/yr)*	DISCHARGE *(mo/day/yr)*	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.

IdentoGO
By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #)	(2) Category	(3) Statute Number	
NJ0131600	FIR	2C:58-1 THRU 4.1	
(4) Reason for Fingerprinting		(5) Document Type	(6) Payment Information
FIREARMS LICENSING		B1	$55.45
(7) Contributor's Case # (Unique Identifier)		(8) Miscellaneous	
16FT00015			

(9) First Name	(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -	(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name	(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address Address City State Zip				
(21) Gender (Select one) [ ] Female [ ] Male [ ] Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown	
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement) Employer Address City State Zip			

Identification Requirement - *Acceptable Identification must be presented at the time of printing.* Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. ***PLEASE PRINT LEGIBLY****. It is* ***required*** *that you* ***present*** *this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.*

Appointment Scheduling:

Scheduling is available anytime at **www.bioapplicant.com/nj**. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of $10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a $10.00 appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: FREEHOLD TWP PD		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

APPLICANT INSTRUCTIONS

- Provide your applicant with your nine digit Originating Agency Identification Number (ORI).

  ORI number NJ0131600

- Instruct your applicant to log on to **https://www.njportal.com/njsp/criminalrecords/** and click on the **ON LINE FORM 212A** , a highlighted block located on the lower left side of the page.

- The applicant will follow the prompts for demographic and payment information.

- Upon completion of the form the applicant will receive an email Confirmation & Receipt that will include a confirmation number.

- At this time the request will be forwarded to the Police Department's work queue for approval and submission to the NJ State Police for processing.

- The applicant can find more detailed information by clicking on the **Help Tab**, located on the top right side of the page.

POLICE DEPARTMENT

RELEASE OF INFORMATION FORM

To all courts, probation departments, police departments, officers and Judges in charge of expungement records, schools, colleges, physicians, psychiatrists, psychologists, mental health clinics, hospitals, medical records centers or bureaus, collection agencies, credit reporting bureaus or agencies, selective service boards, military services, military records bureaus and centers, unemployment & disability insurance officers, insurance companies, workmen compensation companies and courts, and any and all other institutions, agencies, persons, businesses without exception:

I, _____, Social Security No. _____
Date of Birth _____, am making application for FIREARMS. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are hereby authorized to release, without liability onto you or your company, agency, bureau or institution, any and all information, records, documents, reports, evaluations, examinations, or any and all other information pertaining to me that they may request.

A photostatic copy of this authorization will be deemed as effective and valid as the original.

Date: _____ Signature: _____

Witness: _____