

PACKET #1

PLEASE FILL OUT IN DUPLICATE

1. Complete **application form (STS 033)** in **duplicate**. Return to **Connie Phillips**, Madison Police Department Records when completed to receive your application for fingerprints. **IMPROPERLY COMPLETED FORMS WILL BE RETURNED BACK TO APPLICANT.**
2. Complete Part One of the Consent for Mental Health Records Search (S.P. 66) and do not sign it.
3. Applicant must SIGN the Mental Health Form in the presence of a Madison Police Department employee (witnessing your signature) at the time you hand in this completed paperwork.

In order for your application to be processed in a timely manner please review the following instructions:

- Please make sure you check off the appropriate boxes at the top of the application especially if you want permits and the **quantity** of permits you are applying for.
 - Please **print** all information so that it is **legible**, the information has to be transcribed onto additional paperwork for the New Jersey State Police.
 - **Do not fill in Box #15** – I will fill it in when your record check comes back from the State Police.
 - **Box #29** – Note that we need names, addresses (with zip codes) and telephone numbers.
 - **References** – Contact your references and let them know that they will be receiving a letter in the mail from this department and it must be returned as soon as possible to us. Reference letters are very important for your file and the application process cannot be completed without them.
4. Fees:
- Five Dollars (**\$5.00 cash**) for Purchaser ID Card
 - Two Dollars (**\$2.00 cash**) for each Permit to Purchase a handgun.
 - Fees will be collected when ID cards and permits are approved and ready for pick up.

RETURN ALL COMPLETED FORMS TO THE MADISON POLICE DEPARTMENT RECORD BUREAU only not to the dispatcher. When your application is complete you will be issued a Contributor's Case # with your paperwork to schedule a time for your fingerprints. Any questions please call **Connie Phillips** at 973-593-3015 between the hours of 7 AM – 3 PM.

DO NOT USE POLICE OFFICERS OR RELATIVES AS REFERENCES ON YOUR APPLICATION!

APPLICANT

(The information below is not mandatory but will help to contact you in a timely manner)

1. Cell phone number if applicable: _____
2. E-mail address: _____

Nearest relative information:

Name: _____ Address: _____
Relationship: _____

IMPORTANT INFORMATION

PLEASE READ

REFERENCES: **(CANNOT BE RELATIVES)**

When choosing your references, please make certain that you have all of their current information i.e., addresses with zip codes, telephone/cell numbers.

Please contact them prior to your application being handed in to make sure they are willing to be a reference on your firearms application.

Please make your references aware that they will be receiving a letter from this department which must be returned as soon as possible; they will also be receiving a phone call from our Detective Bureau.

Your application will not be approved until the letters are returned and your references are reached by telephone.

PERMITS:

If you are only applying for a firearm's identification card and you are 21 or over think about also applying for a handgun permit. The handgun permit is \$2.00 and it is good for 90 days and a 90 day extension. If you decide in the near future that you should have applied for one you will have to go through this process again. You will not have to be fingerprinted again but you will have to get a NJSP Name Check at a fee of \$20.00.

FINGERPRINTS:

You must be fingerprinted by MorphoTrust USA for your initial firearms application even if you have been fingerprinted for your current job or any other reason.

APPLICATION:

Please print clearly on your application, if it is not legible it will be returned to you.

FOLLOW-UP:

Please allow at least 30 days if you feel you would like to check on your firearms application. You may call my office at 973-593-3015 and I will be happy to check on it for you.



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.
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Address: (Number & Street)	(Municipality)	(County)	(State)
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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(c) 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 <i>(Dr.: Provide Medical License #)</i>
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 (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	_____	_____
_____	_____	_____	_____

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.



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

Form fields for legal and health questions: (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.

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.

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)

(30) Signature of Applicant, Date of Application
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

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



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Check Appropriate Block(s)

- Initial Firearms Purchaser Identification Card
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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) Domestic violence conviction, (17) Court order, (18) Juvenile delinquent, (19) Disorderly persons offense, (20) Crime conviction, (21) Physical defect, (22) Unsafe to handle firearms, (23) Alcoholic, (24) Mental institution, (25) Narcotic use, (26) Doctor attended, (27) Firearms license history, (28) Government overthrow.

(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
IDENTIFICATION CARD/PERMIT NUMBER(S)
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
Falsification of this form is a crime of the third degree as provided in NJS 2C:39-18c.

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