

FROM THE DESK OF DENISE NEISS FIREARMS UNIT

Contributor's Case #: _____

Stafford Township Police Department

NEW APPLICANT

FIREARMS ID CARD

The following are applications that need to be completed for a Firearms Identification Card and Firearms Identification Card and Permits to Purchase.

***This form needs to be turned in with your firearms paperwork.**

- _____ -Application for Firearms Purchaser Identification Card - (STS-033)
And/or Handgun Purchase Permit
- Include on form amount of permits
 - All questions need to be answered**
 - Form needs to be **Signed and Dated**
 - Need **complete addresses** for References #29 to include zip code

***** #29 A&B REPUTIBLE PERSONS WHO HAVE KNOWN YOU FOR AT LEAST 3 YEARS*****

- _____ MENTAL HEALTH FORM
- Part One needs to be filled out, **Signed and Dated**

****IF FORMS ARE NOT COMPLETE, PROCESSING OF YOUR APPLICATION WILL BE DELAYED****

****This includes COMPLETE addresses/phone numbers of References to include ZIP CODE****

****If your forms are INCOMPLETE they will be mailed back to you****

****If your forms are not LEGIBLE they will be mailed back to you****

FOLLOW DIRECTIONS ON MORPHOTRUST FORM TO MAKE AN APPOINTMENT TO BE FINGERPRINTED BY THEM.

Submit the applications to the Firearms Unit along with the following:

- _____ Personal check or Money Order made out to the "Township of Stafford"
- Firearms ID Card (\$5.00)
 - Permits to Purchase (\$2.00 each)
- _____ Copy of Driver's License **Your Driver's License # is to be written on application**

****** FIREARM PICKUP TIMES MONDAY – FRIDAY 8:00AM -4:00PM ******

If you have any questions you can contact (609) 597-1189 Ext. 8336 Monday-Friday 8:00am to 4:00pm.



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) Domestic violence conviction, (17) Court order for DV, (18) Juvenile delinquent, (19) Disorderly persons offense, (20) Crime conviction, (21) Physical defect, (22) Unsafe to handle firearms, (23) Alcoholism, (24) Mental institution, (25) Narcotic dependence, (26) Hospitalization, (27) Previous firearms license, (28) Organizational membership, (29) Names, Addresses and Telephone Numbers of two reputable persons.

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
APPLICANT: DO NOT WRITE BELOW THIS SPACE
This ___ Day of ___, 20__
CHIEF OF POLICE
Signature: STAFFORD TOWNSHIP POLICE DEPARTMENT
Title: 1 5 3 0
Department of Police Municipal Code #



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)
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ADDRESS 2: Dates Resided From: _____ To: _____

(Number & Street)	(Municipality)	(County)	(State)
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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.

STAFFORD TWP. POLICE
Investigating Police Department

PSR. DENISE J. NEISS
Witness (Print Name)

X
Signature of Applicant

X
Signature of Witness

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 <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
_____	_____	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.*



New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

By IDEMIA

(1) Originating Agency Number (ORI #) NJ0153000		(2) Category FIR	(3) Statute Number 2C:58-1 THRU 4.1		
(4) Reason for Fingerprinting FIREARMS LICENSING			(5) Document Type B1	(6) Payment Information \$53.91	
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous		
(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) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> 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 <u>time of printing</u> . 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, American Express, Discover and 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 plus tax (\$10.66) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. Idemia Identity & Security 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 plus tax (\$10.66) appointment fee. Idemia Identity & Security 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. Idemia Identity & Security 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: STAFFORD 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

IDG_NJAPP_020115_V2