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.

☐ RENEWAL

□ NEW



STATE OF NEW JERSEY APPLICATION FOR PERMIT TO CARRY A HANDGUN Application must be delivered, in triplicate to the Chief of Rollice of the municipality wherein you veside or

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.

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.

State of New Jersey. If this application is e List the reason for this application:	mployment-related, then yo	our employer	must supp	oly this le	tter.						
(1) Last Name (If female, include maiden) First Middle (2) Resident Address (Number - Street - City - State - Zip)											
(3) Date of Birth (4) Age (Place	of Birth - City - State or Country)				(5) U.S. Citizen			(6) Social Security Number			
Month Day Year			· · · · · · · · · · · · · · · · · · ·			Yes	∐No				
(7) Sex Height Weight Eyes	Race Hair	Complexion	(8) Distin	guishing P	hysical	Charac	teristics				
(9) Name of Employer (10) Employer's Address (Number - Street - City - State - Zip)											
(11) Occupation			(12) Home Telep			lephone (13) Business Te		(13) Business Telephone	е		
(14) Driver's License Number & State			((15) If you	posses	s a N.J.	Firearms F	Purchaser ID Card, list the	number		
(16) Have you ever been adjudged Yes a juvenile delinquent?	If Yes, List Date(s)			Place	ace(s)			Offense(s)			
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	If Yes, List Date(s)				ce(s) Offense(s)						
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed?	If Yes, List Date(s)			Place	(s)		,	Offense(s)			
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	If Yes, By Whom?		When?			Wh	nere	Why?			
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked?	If Yes, By Whom?		When?			Wh	nere	Why?			
(21) Are you an Alcoholic? Yes No	(22) 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										
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?											
(24) Are you now being treated for a drug abuse problem?	Institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & I =							Yes No			
(26) Do you suffer from a physical defect or sickness?		- 1	00) A					Development of the control of the co			
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain. Yes Violence? If No					Li No						
(29) Have you ever been convicted of any domestic violence 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 weapon? If Yes, explain.											
(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of 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) here:											
	APPLICANT: DO	NOT WRIT	TE BELO	N THIS S	SPACE						
To the Judge of the Superior Court of investigation, the applicant is:	County: I I	_				_	the applic	ant, and from the results	of such		
APPROVED APPROVED	(Attach investigation	Report when	Submitun	* 				.1			
This	Day of		, 2	٩ ١	Reason for Disapproval A. CRIMINAL RECORD B. PUBLIC HEALTH SAFETY AND WELFARE						
DISAPPROVED Signature		Title		— t	_			SAFETY AND WELFARE AL OR ALCOHOLIC BACK	GROUND		
	Department of Police					D. NARCOTICS/ DANGEROUS DRUG OFFENSE E. FALSIFICATION OF APPLICATION					
The foregoing application, having been of the sufficiency thereof, and the need Grant apermit, pursuant to Section	en presented to me, and ed of the applicant to ca	rry a handg	jun, I here		☐ F. ☐ G.	DOMES	TIC VIOLE	NCE ABLE NEED			
This	Day of	-		0 G	RANTE		SBI Numb	er:			
Deny Say S.			,	 _NJ	APPE	AL	Permit Nu	mber:			
Judge of the Su S.P. 642 (Rev. 03/15)	perior Court Page One of Two Pages	Count	ty				Restriction	ns: Yes (List on Page 2	2) No		

Endorsement Number O	ne — Reference m	nust have known applican	t for a minimum of three years preced	ing the date of the application.
I am personally acquainted with		the	applicant named on page one of th	is application. I have known Him/Her for
<u> </u>	Name of applicant	t from page one		control. I have reviewed this application
· — ·	· ·		h in this application are complete, tr	
and i believe that the answers giv	en by the applicant	to the questions set for	n in this application are complete, th	ue and correct in every particular.
Print or Ty	/pe Name		No.	Street Address
Signa	ature		City/Town	State Zip
Date of End	dorsement		Home Telephone Number	Business Telephone Number
Endorsement Number T	WO — Reference m	nust have known applicar	nt for a minimum of three years preced	ing the date of the application.
			<u>, , , , , , , , , , , , , , , , , , , </u>	
I am personally acquainted with _	None of applicant		applicant named on page one of th	is application. I have known Him/Her for
the past years to be a pers	Name of applicant son of good moral cl		and who is capable of exercising self	control. I have reviewed this application
and I believe that the answers giv	en by the applicant	to the questions set fort	h in this application are complete, tr	ue and correct in every particular.
Print or Ty	pe Name		No.	Street Address
Signa	ature		City/Town	State Zip
Date of End	dorsement		Home Telephone Number	Business Telephone Number
Endorsement Number T	hree — Reference	must have known applic	ant for a minimum of three years prec	eding the date of the application.
I am personally acquainted with _	Name of applicant	t from page one		is application. I have known Him/Her for
the past years to be a pers	son of good moral cl	haracter and behavior a	and who is capable of exercising self	control. I have reviewed this application
and I believe that the answers give	en by the applicant	to the questions set fort	h in this application are complete, tr	ue and correct in every particular.
Print or Ty	/pe Name		No.	Street Address
Signa	ature		City/Town	State Zip
Date of En	dorsement		Home Telephone Number	Business Telephone Number
State of New Jersey	Jordonienk		Tionic Tolephone Number	Business Telephone Humber
County of	SS			
, <u> </u>	being dul	v sworn upon oath d	enoses and states that he/she is	s the applicant named on page one
Name of Applicant from page on	ne e	-	pplication are complete, true and	
		•	pplication are complete, true and	a correct in every particular.
11115	Day of	, 20	Signature of Applicant named on page one	
				er is voluntary. Without this number, the processing nber is considered confidential.) I realize that if any alse. I am subject to punishment.
CDACE DE	Notary Public	EOD SUBERIOR COUR	Falsification of this form is a crime of the	e third degree as provided in NJS 2C:39-10c.
List Permit Restrictions Here:	LOW RESERVED	FOR SUPERIOR COUP	RT JUDGE GRANTING PERMIT	Photograph of
				Applicant
				1.5 x 1.5 inches