



POLICE DEPARTMENT
BRANCHBURG TOWNSHIP, N.J. 08876
(908) 526-3830

590 Old York Road
Branchburg, New Jersey 08876

Chief
David J. Young



PERMIT TO PURCHASE A HANDGUN or
LOST, STOLEN, MUTILATED or CHANGE
OF ADDRESS FOR I.D. CARD

- Complete the New Jersey Firearms Law Form
- Complete the Application for Firearms Purchase I.D. Card and/or Handgun Purchase Permit. (Any incomplete OR unreadable sections will delay the process, PLEASE include Zip Codes).
- Complete the Mental Health Records Search Form. (DO NOT SIGN, must be witnessed by Department Personnel).
- Firearms I.D. Card (MUST be presented to be copied).
- Follow instructions on the final page of the packet to submit your Criminal History Request online. Your SBI number located on your ID Card MUST be supplied online when applying.

****YOU MUST COMPLETE THE ONLINE CRIMINAL HISTORY REQUEST BEFORE SUBMITTING YOUR APPLICATION! ****

- \$2.00 (per permit)
 - \$5.00 (for firearms ID card)
- Make all checks payable to:
Township of Branchburg
(Cash is EXACT change only)

PAYMENT MUST BE MADE WHEN DROPPING OFF PAPERWORK!

Should you have any questions please contact the Firearms
Investigation Unit at (908) 526-3830 ext. 407



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 (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) Have you ever been convicted of any domestic violence offense... Yes No

(17) Are you subject to any court order issued pursuant to Domestic Violence? Yes No

(18) Have you ever been adjudged a juvenile delinquent? Yes No

(19) Have you ever been convicted of a disorderly persons offense in New Jersey... Yes No

(20) Have you ever been convicted of a crime in New Jersey... 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... Yes No

(23) Are you an alcoholic? Yes No (24) Have you ever been confined or committed to a mental institution... 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... Yes No

(27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun... 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... Yes No

(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives:

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...

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 IDENTIFICATION CARD/PERMIT NUMBER(S)

(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.

- 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)

APPLICANT: DO NOT WRITE BELOW THIS SPACE

This Day of , 20

Signature Title

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.
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)
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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.

Investigating Police Department	Witness (Print Name)
X	Signature of Witness
X	Date
Signature of Applicant	

* 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 (Dr.: Provide Medical License #)
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.*



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APPLICANT INSTRUCTIONS

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

ORI number: NJ0180500

- Instruct your applicant to log on to <https://www.njportal.com/njsp/criminalrecords/> and click on the ONLINE FORM 212A, a highlighted block located on the lower left side of the page,
- Applicant SBI NUMBER (located on the applicants ID card) MUST be filled in when completing request. The applicant will follow the prompts for the 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 work queue for the approval and submission to the NJ State Police for processing.
- The applicant can find more detailed information by clicking the Help Tab, located on the top right side of the page.