

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



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Effective January 1, 2010, New Jersey Firearms Law, NJS 2C:58-3i, now says that you may not purchase more than one hand gun every 30 days. Please keep this in mind when using your permits. Be mindful of the date of issuance and the date of your last purchase before using the next permit.

Any person who is found to have purchased two or more handguns within 30 day period is violating the statue and may be prosecuted with possible indictable charges upon review by the Somerset County Prosecutors Office and the Branchburg Police Department.

If you are found to have purchased more than one handgun within the 30 day period, this may also subject you to prohibition of any future firearms permits being issued as well as revocation of your firearms identification card and handgun permits.

In order for your application to be processed and/or approved, you must sign off and submit this form with your application packet.

I acknowledge receipt and review of this form and have no further questions.

	/	/
Printed Name	Signature	Date

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

Lost or Stolen Identification Card	nange of name on Identification Card List former name and attach copy of marriage license or court order		
Mutilated Identification Card Change of Address on Identification Card			
	oplication to Purchase a Handgun Quantity of Permits:		
(1) NAME Last (If female, include malden) 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, Cour.	try (8) DRIVER'S LICENSE NUMBER & STATE		
(9) SEX RACE HEIGHT WEIGHT HAIR	EYES (10) DIST. PHYSICAL CHARACTERISTICS (Marks, Score, Tailcoop) (11) U.S. CITIZEN		
(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELE			
(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (If Applicable) (15) N.J. FIREARMS ID CARD/SBI NUMB			
(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.			
(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.			
(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).			
(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).			
(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).			
(21) Do you suffer from a Physical defect or disease? Yes (22) If answer to question 21 is yes, d	loes this make it unsafe for you to handle firearms? If not, explain. Yes		
(23) Are you an alcoholic? Yes (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.			
(25) Are you dependent upon the use of a narcotic(s) or other controlled angerous substance(s)? (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 outpetient 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.			
(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.			
(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 everthrow 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).			
(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives: A.			
В.			
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. (30)			
APPROVED IDENTIFICATION CARD/PERMIT NUMBER(S) Reason for Disapproval	Signature of Applicant (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.		
DISAPPROVED A. CRIMINAL RECORD B. PUBLIC HEALTH SAFETY AND WELFARE	APPLICANT: DO NOT WRITE BELOW THIS SPACE Day of , 20		
GRANTED ON GRANT ALCO ACCORDED BACKGROUND GRANTED ON GRANT			
F. DOMESTIC VIOLENCE G. OTHER (SPECIFY)	Signature Title		



CONSENT FOR MENTAL HEALTH RECORDS SEARCH



correctional institution for mental health reasons shall be confidential and shall not This consent MUST be completed by the firearm applicant.

N.J.S.A. 30:4-24.3 provides that all records

of any individual's commitment to a non-

be disclosed except in limited circumstanc-Failure to consent requires denial or disapproval of the application. es or with the consent of the individual. PART ONE (To be completed by the applicant) Date of Birth: (Month, Day, Year) | Social Security #: *See Privacy Act Notice Below Name: (Last, Maiden, First, MI) (County) Address: (Number & Street) (Municipality) (State) List Prior Addresses for past 10 years: NOT APPLICABLE ADDRESS 1: Dates Resided (Number & Street) (Municipality) (County) (State) ADDRESS 2: Dates Resided From: (Number & Street) (Municipality) (County) (State) 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. Witness (Print Name) Investigating Police Department Signature of Witness 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 Date of Signature of Authorized Commitment or Treatment Check Official or Doctor (Dr.: Provide Medical License #) ☐ No Expunded County Adjuster's Office Yes Expunged Institution or Doctor 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) ADMISSION NAME OF HOSPITAL, MENTAL INSTITUTION DISCHARGE SIGNATURE OF AUTHORIZED OR SANITARIUM (mo/day/yr) (mo/day/yr) OFFICIAL OR DOCTOR



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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 <u>https://www.njportal.com/njsp/criminalrecords/</u> 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)
 <u>MUST</u> 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 Conformation & 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.