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.

STATE OF NEW JERSEY
APPLICATION FOR PERMIT TO CARRY A HANDGUN

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 $20.00 payable to State of New Jersey 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.

☐ **NEW** ☐ **RENEWAL** | Municipal Code

Each person applying for a Permit to Carry and 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.
List the reason for this application:

(1) Last Name *(If female, include maiden)* First Middle		(2) Resident Address *(Number - Street - City - State - Zip)*		
(3) Date of Birth / / Month Day Year	(4) Age *(Place of Birth - City - State or Country)*		(5) U.S. Citizen ☐ Yes ☐ No	(6) Social Security Number - -
(7) Sex Height Weight Eyes Race Hair Complexion		(8) Distinguishing Physical Characteristics		
(9) Name of Employer		(10) Employer's Address *(Number - Street - City - State - Zip)*		
(11) Occupation		(12) Home Telephone ( ) -	(13) Business Telephone ( ) -	
(14) Driver's License Number & State		(15) If you possess a N.J. Firearms Purchaser ID Card, list the number		

(16) Have you ever been adjudged a juvenile delinquent? ☐ Yes ☐ No	If Yes, List Date(s)	Place(s)	Offense(s)	
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed? ☐ Yes ☐ No	If Yes, List Date(s)	Place(s)	Offense(s)	
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed? ☐ Yes ☐ No	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? ☐ Yes ☐ No	If Yes, By Whom?	When?	Where	Why?
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked? ☐ Yes ☐ No	If Yes, By Whom?	When?	Where	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*	☐ Yes ☐ No	
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance? ☐ Yes ☐ No			
(24) Are you now being treated for a drug abuse problem? ☐ Yes ☐ No	(25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient basis for any mental or psychiatric conditions? *If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.*	☐ Yes ☐ No	
(26) Do you suffer from a physical defect or sickness? ☐ Yes ☐ No			
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? *If not, explain.* ☐ Yes ☐ No	(28) Are you subject to any court order issued pursuant to Domestic Violence? *If yes, explain.*	☐ Yes ☐ 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.* ☐ Yes ☐ No

(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:* ☐ Yes ☐ No

APPLICANT: DO NOT WRITE BELOW THIS SPACE

To the Judge of the Superior Court of _____ County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: ***(Attach investigation Report when submitting to Superior Court.)***

APPROVED ☐

DISAPPROVED ☐

This _____ Day of _____, 20___

_____ _____
Signature Title

_____
Department of Police

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. LACK OF JUSTIFIABLE NEED
- ☐ H. OTHER (SPECIFY) _____

The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby:

Grant ☐ **a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.**

Deny ☐

This _____ Day of _____, 20___

_____ NJ
Judge of the Superior Court County

GRANTED ON APPEAL ☐

SBI Number:

Permit Number:

Restrictions: ☐ Yes *(List on Page 2)* ☐ No

NOTICE: If Internet form, print Page 1, return to printer and print Page 2 on reverse side.