



FIREARMS IDENTIFICATION CARD/PERMIT TO PURCHASE HANDGUN

NOTE: NO APPLICATION WILL BE PROCESSED WITHOUT THE SUBMISSION OF THE NECESSARY FUNDS IN ADVANCE. PAPERWORK MUST BE COMPLETED AND RETURNED WITHIN 30 DAYS. AFTER 30 DAYS, IF WE HAVE NOT RECEIVED ALL COMPLETED PAPERWORK, THE PROCESS MUST BE RE-INITIATED.

1. Firearms Purchaser Identification Card (NEW APPLICANT)

- A. If you have not been previously fingerprinted, fill out the attached BioApplicant Form and present it to Police Communications, 24 hours a day. You will receive a Contributor's Case Number on the form, which will be used to scan your fingerprints at Morpho Trust USA. The fee for fingerprinting is \$52.66. When you schedule an appointment on-line, this fee will be charged via credit card prior to scheduling an appointment.**
- B. If you have been fingerprinted (for firearms) within the Borough of Jamesburg (within the last five years), you must only submit a Criminal History Record Information Form (SBI 212A) online at <https://www.njportal.com/njsp/criminalrecords/> (See instructions on page 3.)**
- C. There is a \$5.00 fee for the ID card. Exact amount in Cash, Money Order or Check (payable to: JAMESBURG BOROUGH POLICE DEPARTMENT)**

2. Permit to Purchase a Handgun

IMPORTANT: A Permit to Purchase a Handgun does not authorize you to carry the weapon on your person in public.

You must possess a valid Firearms Purchaser Identification Card. There is a \$2.00 fee (per handgun) for this application. Exact amount in Cash, Money Order or Check (payable to: JAMESBURG BOROUGH POLICE DEPARTMENT). You may only request three permits to purchase on one application, as you are only allowed to use one permit per month. If there has been ANY time lapse from the previous time you have received a permit, you must submit a Criminal History Record Information form (SBI 212A) online at <https://www.njportal.com/njsp/criminalrecords/> (See instructions on page 3.)

131 Perrineville Rd
Jamesburg, NJ 08831
Phone : 732-521-0011
Fax : 732-521-1927



JAMES J. CRAPAROTTA
Chief of Police

3. Duplicate Firearms Purchaser Identification Card

There is a \$5.00 fee if you are applying for a Change of Address on your Identification Card or have lost your card. If you are moving from another jurisdiction (not within Plainsboro), you must apply as a new applicant.

- 4. Complete all applications accurately and completely. Print clearly. Omitted information results in further delay.**
- 5. Each application MUST be accompanied by a Consent for Mental Health Records Search form. This form must be completed each time an application is submitted. You must sign the application in the presence of an employee of this Department. You must submit a Consent for Mental Health for each jurisdiction that you've resided in for the prior ten (10) years in the State of NJ.**
- 6. List two references, giving complete address, zip code and phone number, who will respond to our inquiry as to your character. If they do not respond to our inquiry, you will NOT be issued an I.D. Card or Permit to Purchase.**
- 7. FEEL FREE TO CALL Stephanie at (732) 521-0011, should you have any questions. You will be notified by either phone or mail when your I.D. Card and/or Permits are ready.**
- 8. DO NOT use members of this Police Department as references.**
- 9. DO NOT use relatives as references.**
- 10. Please complete the attached APPLICANT INFORMATION FORM completely and accurately. This form MUST be submitted. Please ensure that your driver's license number is included on this form, as it will be used to request a Driver's Abstract from Motor Vehicle Commission. This abstract is required in order to obtain a permit or ID card.**

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REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION **APPLICANT INSTRUCTIONS**

- Originating Agency Identification Number (ORI): **NJ0120800**
- Log onto **<https://www.njportal.com/njsp/criminalrecords/>** and click on the **ON LINE FORM 212A** (a highlighted block located on the lower left side of the page)
- Follow the prompts for demographic and payment information.
- Upon completion of the form, you will receive an email confirmation and receipt, which will include a confirmation number.
- Your request will now be forwarded to the Jamesburg Police Department's work queue for approval and submission to the NJ State Police for processing.
- You can find more detailed information by clicking on the **Help** tab located on the top right side of the page.

NOTE: The Request for Criminal History Record Information form SBI 212A should only be used if you have been fingerprinted in Jamesburg Borough for firearms ID or permit within the last five years. If you were fingerprinted in Jamesburg borough for firearms any longer than five years ago, you must be reprinted rather than using form SBI 212A

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Important Tips for Firearms Applicants

After being fingerprinted at MorphoTrust USA, **save your paperwork** until the entire application process is completed. Your fingerprint results are electronically transmitted to the police department. If we do not receive the results, we will need the PCN on the bottom of your paperwork and the date you were fingerprinted in order to retrieve the results.

Prior to the purchase of your weapon, it is recommended that you take a firearms safety course to ensure the safe use of your firearm. Authorized gun dealers and shooting ranges should offer courses.

We recommend that you visit the New Jersey State Police website (WWW.NJSP.ORG) for all rules and regulations regarding the ownership and transportation of your firearm. New Jersey is one of the strictest states in reference to the proper transportation of firearms. We want to ensure that our residents are knowledgeable of the laws.

Always secure your firearm when it is not in your possession (i.e. Safe or Trigger Lock). As the owner, you could be held civilly liable if someone is injured with your firearm due to negligence on your part.

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APPLICANT INFORMATION FORM

NAME: _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

COUNTRY CITIZENSHIP _____

ALIAS (OR MAIDEN NAME) _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ SOCIAL SECURITY # _____

EMPLOYER NAME AND ADDRESS _____

DRIVER'S LICENSE NUMBER _____

NAME/ADDRESS OF NEXT OF KIN _____



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
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 (Marks, Scars, Tattoos) (11) U.S. CITIZEN
(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE (13) OCCUPATION
(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (If Applicable) (15) N.J. FIREARMS ID CARD/SBI NUMBER
(16) Have you ever been convicted of any domestic violence offense...
(17) Are you subject to any court order issued pursuant to Domestic Violence?
(18) Have you ever been adjudged a juvenile delinquent?
(19) Have you ever been convicted of a disorderly persons offense...
(20) Have you ever been convicted of a crime in New Jersey...
(21) Do you suffer from a physical defect or disease?
(22) If answer to question 21 is yes, does this make it unsafe for you to handle firearms?
(23) Are you an alcoholic?
(24) Have you ever been confined or committed to a mental institution...
(25) Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)?
(26) Have you ever been attended, treated or observed by any doctor or psychiatrist...
(27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun...
(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...
(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...
(30) Signature of Applicant Date of Application
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.
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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)

ADDRESS 2: Dates Resided From: _____ To: _____			
(Number & Street)	(Municipality)	(County)	(State)

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)
<input checked="" type="checkbox"/> Signature of Applicant	<input checked="" type="checkbox"/> 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 <i>(mo/day/yr)</i>	DISCHARGE <i>(mo/day/yr)</i>	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.

(1) Originating Agency Number (ORI #) NJ0120800		(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 \$52.66	
(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) [] Female [] Male [] Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] 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. MorphoTrust 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. MorphoTrust 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. MorphoTrust 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: JAMESBURG 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