



TOWNSHIP OF GALLOWAY Department of Police



300 E. JIMMIE LEEDS ROAD, GALLOWAY, N.J. 08205
(609) 652-3705 FAX: (609) 652-0667
www.gtpd.org

Chief
DONNA A. HIGBEE

INITIAL FIREARMS APPLICATION INSTRUCTIONS

*****(Never had a firearms ID in NJ before)*****

1. Complete the NJ Firearms Application. Answer **All** questions Yes or No and provide two references (name, **complete** address with zip code and phone number). All blocks must be marked off.
2. Complete the Consent for Mental Health Records Search Form. (**Top section only**) No witness required.
3. Complete the Voluntary Dispatch Firearms Checklist. (This will expedite the process). **Complete only the top section** of the form completing all sections above the first dotted line.
4. Sign and date all required forms the day you **drop it off** to the Police department.
5. **Provide a copy of your driver's license with application.** (make sure if your driver's license has a PO Box, it must also show your home address (see below):

John Doe

PO Box – 123 Main Street

Anytown USA 08321

Please make any changes to your MVS issued ID or Drivers License prior to applying.

There are certain fees that apply to firearms ID cards and pistol permits. The specific fees that apply are as follows:

NO FEE IS REQUIRED WHEN DROPPING OFF APPLICATION. WHEN APPLICATION IS REVIEWED YOU WILL RECEIVE IN THE MAIL YOUR FINGERPRINT APPLICATION FORM WITH INSTRUCTIONS.

The following fees must be paid by cash (Exact Change) due when you pick up your items when they are approved and completed.

\$5.00 "Firearms Identification Card"

\$2.00 "Permit to purchase a handgun"

Completed Applications can be dropped off anytime and placed in the lock box in the lobby. (Applications must be dropped off by Applicant).



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

Form fields for personal information: (1) NAME, (2) SOCIAL SECURITY NUMBER, (3) RESIDENCE ADDRESS, (4) HOME TELEPHONE, (5) DATE OF BIRTH, (6) AGE, (7) PLACE OF BIRTH, (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) Convicted of domestic violence, (17) Court order for DV, (18) Juvenile delinquent, (19) Convicted of disorderly persons offense, (20) Convicted of crime, (21) Physical defect, (22) Unsafe to handle firearms, (23) Alcoholic, (24) Mental/psychiatric condition, (25) Dependent on narcotics, (26) Attended/treated by doctor, (27) Previous firearms license, (28) Member of organization, (29) Names, Addresses and Telephone Numbers of two reputable persons.

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.
APPROVED
DISAPPROVED
GRANTED ON APPEAL
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)

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) 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.
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) _____

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 rearms permit application and my tness to own a rearm under N.J.S.A. 2C:58-3. I understand that copies of this authorization shall be considered suf cient 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 _____
Signature of Applicant

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 <small>(Dr.: Provide Medical License #)</small>
_____ 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 <small>(mo/day/yr)</small>	DISCHARGE <small>(mo/day/yr)</small>	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.*

Dispatch Firearms Applicant Checklist

Date: _____ File # _____

Name: _____

Address: _____

DOB: _____ S.S.# _____

Race: _____ Sex: _____

DL #: _____ State: _____

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III Authorization:

_____ Applicant's III (if yes, please print) Badge # _____

_____ Applicant's NJ DMV Certified Driver Abstract Badge# _____

.....
Warrant Check:

(Please print out all warrants and attach them to this form)

_____ NCIC Badge # _____

_____ ATS Badge # _____

_____ ACS Badge # _____

.....
Domestic Violence:

TRO/FRO YES / NO Badge # _____