



Robbinsville Township Police Department
1117 Rt.130, Robbinsville, NJ 08691
Phone# 609-259-3900 / Fax# 609-259-0506
Criminal Investigations Unit

PLEASE READ AND FOLLOW THE ATTACHED INSTRUCTIONS WHEN FILLING OUT YOUR APPLICATION FOR A FIREARM IDENTIFICATION CARD OR A PERMIT TO PURCHASE A HANDGUN. FALSIFICATION OF THIS APPLICATION IS A CRIME. DEPARTMENTAL POLICY IS TO CHARGE FOR ANY FALSIFICATION OF THIS APPLICATION (2C:39-10).

Firearm application processing is done through the Criminal Investigations Unit of the Police Department by APPOINTMENT ONLY. Scheduling of appointments is done by calling (609) 259-3900, Monday thru Friday.

1. If the applicant has never applied for, or received a New Jersey firearms purchase permit, they must fill out the State of New Jersey application for firearms purchaser ID and /or handgun purchase permit and the Robbinsville Police Department firearms background check applicant packet.
2. Answer all of the questions on this application completely. Your application must be returned to this office in person. Please type or print in black ink. If a question requires a YES or NO answer, please check YES or NO.
3. State of New Jersey Application page: Question #10 means any scars, amputations, tattoos, birthmarks and their location. It does not apply to eyeglasses, beards, baldness, mustache, ect. Questions #21, #23, #24, #25 and #26 if answered YES, must be accompanied by a letter from your attending physician stating that the applicant no longer has a problem and that the previous condition or problem will not affect your handling or owning a firearm.
4. State of New Jersey Application page: Question # 29 must be answered with complete mailing address. Reference forms should be given to your references. Applicant should fill out their name and address and date of birth on form. References CANNOT be a relative. They may be a neighbor, co-worker, or a friend. References must also be a resident of New Jersey. You must return references with your firearms packet paperwork.
5. The completed forms must be brought to the Robbinsville Police Department, in order to be reviewed and be assigned a Contributor's Case number. (#7 on the N.J. Universal Fingerprint Form). An appointment with the Robbinsville Police Department, Criminal Investigations Unit will need to be made to complete this.
6. After your packet is reviewed a fingerprint appointment must then be scheduled online at www.bioapplicant.com/nj or by calling 1-877-503-5981. You must bring a copy of the reviewed **Identogo** by **Morphotrust USA** New Jersey Universal Fingerprint Form to your scheduled appointment. A \$52.66 payment will need to be made to **Identogo by Morphotrust USA** during your fingerprinting appointment.
7. If the applicant has been previously issued a handgun purchase permit or firearms purchaser identification card in New Jersey, then the applicant should pick up an application packet at the Robbinsville Police Department. Applicant should then log onto <https://www.njportal.com/njsp/criminalrecords/> to complete New Jersey State Police background check investigation. A payment of \$20.00 will need to be made online. Your permit or identification card CANNOT be issued until all background checks are complete and all paperwork is returned to this office and you are cleared through the above agencies. The clearance of the applicant's fingerprints may take up to 3 months, so please be patient.

After your background is complete a Robbinsville Police Department detective will contact you and advise you to pick up your permits. A fee of (\$2.00) Dollars for PERMIT TO PURCHASE A HANDGUN and/or (\$5.00) dollars for an FIREARMS IDENTIFICATION CARD will be assessed. The permit fee can be paid for by check only (No Cash). Please make the check payable to the "Township Of Robbinsville".



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) Firearms license/permit history, (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
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 #

(1) Originating Agency Number (ORI #) NJ0111200		(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: ROBBINSVILLE TWP 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



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 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 _____
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.*