



CLINTON TOWNSHIP POLICE DEPT.

APPLICANT INSTRUCTIONS

- Provide your applicant with your nine digit Originating Agency Identification Number (ORI).

ORI number NJ0100600

- Instruct your applicant to log on to <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.
- The applicant will follow the prompts for demographic and payment information.
- Upon completion of the form the applicant will receive an email Confirmation & Receipt that will include a confirmation number.
- At this time the request will be forwarded to the Police Department's work queue for approval and submission to the NJ State Police for processing.
- The applicant can find more detailed information by clicking on the **Help Tab**, located on the top right side of the page.



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)		<input type="checkbox"/> Initial Firearms Purchaser Identification Card		<input type="checkbox"/> Change of name on Identification Card	
<input type="checkbox"/> Lost or Stolen Identification Card		<i>List former name and attach copy of marriage license or court order</i>			
<input type="checkbox"/> Mutilated Identification Card					
<input type="checkbox"/> Change of Address on Identification Card					
<input type="checkbox"/> Change of Sex on Identification Card		<input type="checkbox"/> 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)	
(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE				(11) U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	
(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 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. <input type="checkbox"/> Yes <input type="checkbox"/> No					
(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No					
(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s). <input type="checkbox"/> Yes <input type="checkbox"/> No					
(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). <input type="checkbox"/> Yes <input type="checkbox"/> No					
(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). <input type="checkbox"/> Yes <input type="checkbox"/> No					
(21) Do you suffer from a physical defect or disease? <input type="checkbox"/> Yes <input type="checkbox"/> No		(22) If answer to question 21 is yes, does this make it unsafe for you to handle firearms? If not, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No			
(23) Are you an alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		(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. <input type="checkbox"/> Yes <input type="checkbox"/> No			
(25) Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		(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 outpatient 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. <input type="checkbox"/> Yes <input type="checkbox"/> No			
(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. <input type="checkbox"/> Yes <input type="checkbox"/> No					
(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 overthrow 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). <input type="checkbox"/> Yes <input type="checkbox"/> No					
(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives: A. _____ B. _____					
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		IDENTIFICATION CARD/PERMIT NUMBER(S)			
<input type="checkbox"/>					
DISAPPROVED		Reason for Disapproval			
<input type="checkbox"/>		<input type="checkbox"/> A. CRIMINAL RECORD			
<input type="checkbox"/>		<input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE			
<input type="checkbox"/>		<input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND			
<input type="checkbox"/>		<input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE			
<input type="checkbox"/>		<input type="checkbox"/> E. FALSIFICATION OF APPLICATION			
<input type="checkbox"/>		<input type="checkbox"/> F. DOMESTIC VIOLENCE			
<input type="checkbox"/>		<input type="checkbox"/> G. OTHER (SPECIFY) _____			
GRANTED ON APPEAL					
<input type="checkbox"/>					
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 Number:

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 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.

Investigating Police Department

Witness (Print Name)

X

Signature of Witness

X

Signature of Applicant

Date

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.

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
(Dr.: Provide Medical License #)

☐ Yes ☐ No ☐ Expunged

County Adjuster's Office

☐ Yes ☐ No ☐ 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)

NAME OF HOSPITAL, MENTAL INSTITUTION
OR SANITARIUM

ADMISSION
(mo/day/yr)

DISCHARGE
(mo/day/yr)

SIGNATURE OF AUTHORIZED
OFFICIAL OR DOCTOR

to

to



CLINTON TOWNSHIP POLICE DEPT.

Reference Name:

Applicant's Name: _____

The person whose name appears above has applied for a Firearms Permit and has given your name as a reference. I would appreciate a reply, which will be held strictly confidential, as to whether you have any knowledge of this person ever having any mental disorder or any handicap which would make his/her handling of a firearm unsafe, and also your opinion of his/her character and the ability of this person to handle firearms.

1. Having ever been adjudged a Juvenile Delinquent? _____
2. Having ever been convicted of a crime or disorderly person offense? _____
3. Is an alcoholic? _____
4. Having ever been confined to a mental institution? _____
5. Being a habitual drunkard? _____
6. Being addicted to or a habitual user of narcotics? _____
7. Having ever been attended, treated, or observed by any doctor or psychiatrist for any mental condition. _____
8. Does he/she suffer from any physical defect or sickness? _____
9. Does he/she or has he/she ever been a member of any organization which advocates the violent overthrow of the Government? _____
10. How long have you known the applicant? _____
11. What type of community reputation do you know this person to have? _____
12. Do you know of any reason why this person should be denied this application? _____

Signature: _____ Date: _____

For your convenience, please feel free to fax back your letter to 908-735-9928.

Sincerely,

Lt. Thomas A. DeRosa
Clinton Township Police Department

OFFICE 908-735-6000

Dispatch 908-735-7233 • Fax 908-735-9148

1370 Rt. 31 North • Annandale, NJ 08801



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