

**FIREARMS APPLICATIONS**  
**YOU MUST BE A TAX PAYING RESIDENT OF**  
**MARLBORO TOWNSHIP**

Effectively immediately firearm applications will only be accepted typed. *No handwritten applications will be accepted.* Below you will find the necessary forms to complete. Print 2 copies of each document as **2 ORIGINAL copies are needed to process your application. Do not sign documents. Signatures must be witnessed by The Officer!!!**

**EMPLOYER & REFERENCES:** You MUST have full name, street address, zip codes and phone numbers. (These numbers will not be looked up for you).

*This Policy is set by the NJSP and NJAC 13:54-1.4 and not Marlboro Township*

**NEW APPLICATIONS:** (NEVER HAD A FIREARMS ID CARD *and/or* want PERMITS for handguns)

- **FORM STS-33** (Application for ID Card and/or Purchase Permit)
- Check appropriate boxes at top of form for ID Card/Handgun Permit
- Fill in boxes #1 thru #30
- **FORM # SP-66** (Mental Health Record)

**\*YOU MUST BE FINGERPRINTED BY IDENTOGO by MorphoTrust USA**

**PURCHASE PERMITS ONLY: (Each time you apply for a permit for a handgun this procedure must be done)**

- (YOU ALREADY HAVE A FIREARMS ID CARD)
- **FORM # STS-33** (Application for ID Card /Handgun Purchase Permit)
- Fill in Boxes #1 thru #30
- **FORM# SP-66** (Mental Health Record)
- **See Applicant Instructions to complete FORM #SB1-212A** (Request for Criminal History)

**CHANGE OF ADDRESS / LOST / MUTILATED / CHANGE OF NAME**

- **FORM # STS-33**
- Check box/boxes for reason a new card is being requested
- Fill in Boxes #1 thru to #30
- **FORM # SP-66** (Mental Health Record)
- **See Applicant Instructions to complete FORM #SB1-212A** (Request for Criminal History)

\* You will be *notified by phone* when your items are ready. Upon picking up your items, you will need \$5.00 for an ID card, \$2.00 for each permit. ***This fee may be CASH or CHECK.***



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) 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..., (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..., (27) Have you ever had a firearms purchaser identification card..., (28) Are you presently, or have you ever been a member of any organization...

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 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>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____
<i>County Adjuster's Office</i>			
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____
<i>Institution or Doctor</i>			

## 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](http://www.njsp.org/info/forms.html).*

## APPLICANT INSTRUCTIONS FOR 212A

- The nine digit Originating Agency Identification Number (ORI) is:

ORI number **NJ0132800**

- The applicant will log on to <https://www.njportal.com/njsp/criminalrecords/> and click on the ONLINE FORM 212a, 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 and 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.