

NORTH BERGEN POLICE DEPARTMENT

4233 Kennedy Blvd,
North Bergen, NJ, 07047
FIREARMS LICENSING UNIT

Telephone: 201-392-2146

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INSTRUCTIONS AND GUIDELINES

"NEW JERSEY STATE FIREARMS IDENTIFICATION CARD"

"NEW JERSEY STATE FIREARM PURCHASE PERMIT"

(NOTES: FIREARMS PERMITS ARE NEW JERSEY STATE PERMITS)

The following information is intended to provide guidance upon commonly asked questions regarding firearms application processing. The Firearms Licensing Unit staff cannot provide legal advice. Firearms owners are obligated to acquaint themselves with and comply with all federal, state and local laws governing the possession and use of firearms.

*** ALL INFORMATION GIVEN ON FORMS MUST BE NEAT AND CLEAR**

>> TYPE ALL INFORMATION ON FORMS USING FILLABLE PDF FORMS <<

INABILITY TO READ YOUR SUBMISSIONS WILL REQUIRE THAT THE FORM BE REDONE

1. RESIDENCY

The applicant must be a resident of North Bergen. Two forms of government issued identification are required, one being a State of New Jersey Driver's License or State Identification Card. Driver's License or other items that list a Post Office Box number or an address other than your residence can not be accepted. Any item that verifies residence (i.e. – tax bill, rent receipt, utility bill, etc.) Applicants of foreign birth must submit a copy of Naturalization Certificate, Passport, or an Immigration Resident Alien Registration Card.

2. STATE IDENTIFICATION CARD AND PURCHASE PERMIT APPLICATION FROM (S.P.033)

The State Application Form is the same for a Firearms Purchaser Identification Card or for a Handgun Purchase Permit. Read each question carefully. All required questions must be answered. Do not sign the application when filling it out, you will sign in front of the investigating official when submitting the application.

NOTE: The State Application form is available on line at:

www.njsp.org >drop down information >drop down forms > 18th. Form in the list, Web Search "New Jersey Firearms Application Form sts-033" or at <http://www.northbergenpolice.com/> under licensing

Please fill it out there, print it out and return it to our office. ONLY type written forms will be accepted.

- a. Type all information clearly, on all forms.
- b. All addresses must be complete with house number, street, town, state, and zip code.
- c. Forms must be signed. This will be done in the presence of the law enforcement officer who is processing the application.
- d. Return completed forms.
- e. Height shall be in feet and inches (Ex. 6'4").
- f. Indicate Race with either Asian, Black, American Indian or White.
- g. If you are applying for a Handgun Purchase Permit, there is no limit on the quantity of permits you may apply for.

*** The falsification of information on any of the applications for firearms permits is a violation of N.J.S. 2C:39-10c and is crime of the third degree. Any falsification may result in criminal charges against you.**

First Time Applicants for a Firearms Purchaser Identification Card and/or Handgun Purchase Permit

- a. All first time applicants MUST be fingerprinted. The fingerprint process will be completed by IndentoGo (Morpho Trust). This information and appointment form will be provided upon the submission of your properly completed firearms application.
- b. Complete the Consent for Mental Health Records Search, form S.P. 66 (Rev. 10/14).
- c. Complete a State of New Jersey Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit, Form STS-033 (Rev. 09/09).
- d. References should not be relatives, and addresses must be complete, for mailing purposes.

Subsequent Applicants for Additional Permits to Purchase a Handgun or Duplicate Firearms Purchaser Cards

- a. A Criminal History Records Check must be conducted on all subsequent applications.
- b. As of April 2014, the State Bureau of Identification (SBI) has mandated that **all State Police Applicants** 212A forms must be completed electronically. SBI will no longer accept the yellow 212A paper form for a Duplicate Firearms Purchaser Identification Card and Handgun Purchase Permits. See below for new instructions to complete the 212A process electronically.

212A ONLINE APPLICATION INSTRUCTIONS

- Login to the website <https://www.njportal.com/njsp/criminalrecords/>
 - When asked for the agency's ORI number, enter the **ORI number provided by your local municipality or if the New Jersey State Police provides police service for your municipality you must acquire the ORI number from the barracks that patrols your municipality.**
 - A literal translation will appear giving the option of continuing or canceling the filing.
 - If you choose to continue you will fill out the demographics and select the background needed. For Firearm Purchaser Identification Cards and Handgun Purchase Permits you will select: **NJS 2C:58-3. Firearm licensing.**
 - You will then be requested to enter your State Bureau of Identification number (SBI number- also known as the Firearms Identification number). This is to ensure that you have been fingerprinted under a firearms application before. If you have not you will be rejected from the process at this time.
 - If all information is correct, you will then check out by making the payment by credit card or electronic check. Once the payment is verified, you will receive a Confirmation & Receipt that will include your confirmation number. It is recommended you save this document for your records.
 - You will find additional instructions in the help section once you set up your account and become a user. Any problems or questions contact SBI at 609-882-2000 extension 2918.
- c. Additional purchase permit applicants must fill out the State of New Jersey Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit, Form STS-033 (Rev. 09/09).
 - d. Applicants for a Firearms Purchaser Identification Card duplicate card, i.e., mutilated, lost or stolen, change of address, name and/or sex, must complete form STS-033 as noted above.
 - e. All applicants must complete the Consent for Mental Health Search, form SP-66 (Rev. 11/07).
 - f. Current issued Firearms Purchaser Identification Card shall be surrendered at the time of submission of new application.

Applying for a Permit to Carry a Handgun (The following instructions are the same for the initial and renewal application)

- a. Complete a State of New Jersey Application For Permit To Carry A Handgun, form S. P. 642 (Rev. 02/09) in **triplicate**. All references must know the applicant for a minimum of three years prior to the date of the application.
- b. All original copies must be notarized.
- c. Submit four color passport size photographs with your application package.
- d. Complete the Consent For Mental Health Search, form SP-66 (Rev. 11/07).
- e. Submit in writing a justifiable reason / need for the issuance of a permit to carry a handgun. This must be detailed. Armored car guards shall obtain this from the C.E.O. of the company they are employed by. This shall also be notarized.
- f. Written proof of qualification with the handgun(s) you intend on carrying if your application is approved. This must be recent at the time of the application and must also be obtained from a certified firearms instructor.
- g. A money order in the amount of \$50.00 payable to, "Treasurer - State of New Jersey."
- h. All armored car guard applications shall be submitted to the appropriate New Jersey State Police Barracks. All others (Non-Armored car guards) shall be submitted to the law enforcement agency where the applicant resides. If your town of residence is covered by a State Police barracks on a full time basis, submit to that barracks. If part time, submit to that municipal police department. All out of state applicants must submit to the closest New Jersey State Police Barracks (not to include New Jersey State Police Barracks located on toll roads) to where they are geographically located.

3. REFERENCES

You are required to submit two references or endorsements in Box 29 of the State Form. These people cannot be immediate family members or close relatives. It is asked that they reside within the State of New Jersey. They must have reputable backgrounds and have known you for at least three years preceding the date of application. Questionnaires will be sent to each reference.

4. FINGERPRINTING SCHEDULING FORM

This form will be used by you to schedule your fingerprinting with the State Police authorized computer based digital fingerprint service called **IdentoGO**. **DO NOT** schedule an appointment with them until this form has been checked and a Contributor's Case Number issued by the Firearms Unit.

5. MENTAL HEALTH RECORD SEARCH CONSENT FORM (S.P. 66)

NOTE: The State Mental Health Form is available on line at:

www.njsp.org >drop down information >drop down forms > 5th. Form in the list, Web Search "N.J. Firearms Form S.P. 66" or at <http://www.northbergenpolice.com/> under licensing

Please fill it out there, print it out and return it to our office.

Complete Part 1 of the form only. Do not sign when filling out; you will sign in front of the investigating official when submitting the application. If you are being treated or have ever been treated for any mental health problems including drug abuse or alcohol abuse; you will need to have a doctor to complete Part 2 with an explanation.

6. APPLICATION FEES

The following application fees are required:

New applicant.

1. \$5.00 Cash for a "Firearms Purchaser Identification Card"
2. \$2.00 Cash for each "Handgun Purchase Permit"
3. NOTE: A \$55.45 Processing Fee will be charged for fingerprinting. You will pay this fee when you schedule an appointment for fingerprinting with ***IdentoGO***. Information on scheduling and payment methods is on the ***IdentoGO*** scheduling form which is item #4 above.

Repeat Applicant.

1. There is no charge for a lost, stolen or mutilated duplicate "Firearms Purchaser Identification Card"
2. \$2.00 Cash for each "Handgun Purchase Permit"
3. Your application will be processed through the internet based system for \$20.00 to be paid online. Information on this system will be provided when you submit your application to the Firearms Unit.

12. PROCESSING

Completed application materials and fees will be presented in person to the Firearms Unit at the North Bergen Police Headquarters. Application processing time period depends on background check returns, Mental Health check returns and the return of fingerprint / criminal history name check returns. If there are any questions pertaining to your application, you may call 201-392-2146 for assistance. Once contacted by the Firearms Unit, the applicant MUST pick up the Firearms I.D. Cards and Permits in person. We will not mail them or turn them over to another person.

13. FALSIFICATION OF APPLICATION

The application materials for firearms permits and licenses are considered legal documents. Therefore, if any false information is submitted to the Firearms Investigation Unit for the processing of this application, you can be subject to arrest, fine or imprisonment under N.J. 2C39-10c.



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) Hospitalized, (27) Previous firearms license, (28) Member of extremist organization.

(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
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 fitness to own a rearm 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.*

(1) Originating Agency Number (ORI #) NJ0090800		(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 \$55.45	
(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) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (includes Hispanic/Spanish Origin) <input type="checkbox"/> 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 time of printing. 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).					

SAMPLE

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 1-877-603-1981 (Monday through Friday, 8:00 AM to 6:00 PM EST and Saturday, 9:00 AM 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, 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 any fee. The business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 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 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: NORTH BERGEN 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