

SOUTH BRUNSWICK TOWNSHIP Police Department



Raymond J. Hayducka, Chief
James E. Ryan, Deputy Chief

540 Ridge Road
Monmouth Junction, NJ 08852
www.sbpdnj.org

Emergency Phone: 732-329-4646
Office Phone: 732-329-4000
Ext. 7461
Fax: 732-329-4604

Permit to Carry a Handgun Application Instructions

***** ATTENTION *****

WE WILL NOT ACCEPT ANY APPLICATIONS THAT ARE MISSING DOCUMENTS

STEP 1: Fill out Permit to Carry Application Form (SP642).

Municipal Code: 1221
ORI#: NJ0122100

STEP 2: Read the Instructions List from the NJ State Police (next page below). You must bring ALL the documentation listed when you drop off your application.

STEP 3: To make your fingerprinting appointment, contact Identogo. Please see the fingerprint form below.

STEP 4: Once you have acquired all your documents and have made your fingerprinting appointment, bring your packet to our department during the following business hours:

Tuesdays – 10:00AM-11:30AM
Wednesdays – 2:30PM-4:00PM
Thursdays – 10:00AM-11:30AM

Upon arrival, be sure to ask for Lorena Pyne, our Firearms Representative

Questions regarding your application can be emailed to:
firearmsapplications@sbpdnj.net

Or you may call the Firearms Unit at: 732-329-4000 ext 7481

Applying for a Permit to Carry a Handgun

The following instructions are the same for the initial and renewal application

1. YOU MUST APPLY IN PERSON

Out of State Resident – apply at a non-toll road State Police Barracks closest to your residence.

In State Resident – apply to your local police department (State Police patrolled areas apply to local Barracks.)

****PLEASE CALL YOUR LOCAL POLICE DEPARTMENT OR STATE POLICE BARRACKS PRIOR TO APPLYING – DO NOT JUST SHOW UP***

PLEASE PROVIDE THE FOLLOWING AT TIME OF APPLICATION:

1. Driver's License and Birth Certificate OR Driver's License and Passport OR Driver's License and Naturalization Paperwork/Green Card
2. One (1) State of New Jersey Applications For Permit To Carry A Handgun, form SP642. Must be double sided and notarized.
3. Two (2) color passport size photographs.
4. Consent for Mental Health Search, form SP066.
5. Submit proof of qualification with a certified firearms instructor along with firearms instructor proof of certification.
6. Money Order for \$50.00 must be made out to State of New Jersey, Treasurer
7. Personal check made out to South Brunswick Township in the amount of \$150.00

**** ALL APPLICANTS (INITIAL AND RENEWAL) FOR PERMIT TO CARRY A HANDGUN MUST BE FINGERPRINTED. INSTRUCTIONS FOR FINGER PRINTING WILL BE PROVIDED AT THE TIME OF APPLICATION.**

**** A NEW JERSEY PERMIT TO CARRY IS VALID FOR TWO (2) YEARS FROM TIME OF APPROVAL.**

**** IF ANY OF THE PRECEDING IS NOT COMPLETE OR INCORRECT THE APPLICATION WILL BE RETURNED AND YOU WILL HAVE TO RE-APPLY.**



STATE OF NEW JERSEY

Application for Permit to Carry a Handgun



Application must be delivered to the Chief Police Officer of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$200.00 payable to the State of New Jersey – Treasurer must accompany this application when submitted to the Superintendent. A money order in the amount of \$50.00 payable to the State of New Jersey – Treasurer must accompany this application when submitted to a municipality along with an additional \$150.00 fee paid directly to the municipality. Two “passport style” pictures taken within the last 30 days must accompany this application.

Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Two photographs of the applicant, one and one-half inch square, head and shoulders, no hat, light background, taken within the last 30 days must accompany this application.

This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden. NEW RENEWAL

(1) Last Name (If female, include maiden) First	Middle	(2) Resident Address (Number - Street - City - State - Zip)	Municipal Code
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(3) Date of Birth Month / Day / Year	(4) Age (Place of Birth - City - State or Country)	(5) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	(6) Social Security Number - - -
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(7) Gender Height Weight Eyes Race Hair Complexion	(8) Distinguishing Physical Characteristics
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(9) Name of Employer	(10) Employer's Address (Number - Street - City - State - Zip)
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(11) Occupation	(12) Telephone (personal) () -	(13) Email (personal)
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(14) Driver's License Number & State	(15) If you possess a N.J. Firearms Purchaser ID Card, list the number
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(16) Have you ever been adjudged a juvenile delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
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(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
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(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)
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(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where	Why?
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(20) Have you ever had an Employee of Firearms Dealer License refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where	Why?
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(21) Are you an Alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(22) 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
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(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(25) 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 conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(24) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(26) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(29) Have you ever been convicted of any domestic violence 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 weapon? If Yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of 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) here:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Notary and Signature

State of New Jersey
County of _____ SS _____
being duly sworn,
upon oath deposes and states that he/she is the applicant named on page one of this application; that the answers to the questions given on this application are complete, true and correct in every particular.

This _____ Day of _____, 20 _____

Notary Public

Signature of Applicant named _____ Date of Application _____

APPLICANT: DO NOT WRITE BELOW THIS LINE.

APPROVED

This _____ Day of _____, 20 _____

DISAPPROVED

Signature _____ Title _____
Department of Police

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) _____

Photograph of Applicant
1.5 x 1.5 inches

(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.) I realize that if any of the foregoing answers made by me are false, I am subject to punishment. Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

GRANTED ON APPEAL

SBI Number: _____
Permit Number: _____

Endorsement Number One — *Reference must have known applicant for a minimum of three years preceding the date of the application.*

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set fourth in this application are complete, true and correct in every particular.

Print or Type Name

Signature

Date of Endorsement

Email Address

No. Street Address

City/Town State Zip

Home Telephone Number Business Telephone Number

Endorsement Number Two — *Reference must have known applicant for a minimum of three years preceding the date of the application.*

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set fourth in this application are complete, true and correct in every particular.

Print or Type Name

Signature

Date of Endorsement

Email Address

No. Street Address

City/Town State Zip

Home Telephone Number Business Telephone Number

Endorsement Number Three — *Reference must have known applicant for a minimum of three years preceding the date of the application.*

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set fourth in this application are complete, true and correct in every particular.

Print or Type Name

Signature

Date of Endorsement

Email Address

No. Street Address

City/Town State Zip

Home Telephone Number Business Telephone Number

Endorsement Number Four — *Reference must have known applicant for a minimum of three years preceding the date of the application.*

I am personally acquainted with _____, the applicant named on page one of this application. I have known Him/Her for the past _____ years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set fourth in this application are complete, true and correct in every particular.

Print or Type Name

Signature

Date of Endorsement

Email Address

No. Street Address

City/Town State Zip

Home Telephone Number Business Telephone Number



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)
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ADDRESS 2: Dates Resided From: _____ To: _____

(Number & Street)	(Municipality)	(County)	(State)
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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 (Dr.: Provide Medical License #)
_____ 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 (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	_____	_____
_____	_____	_____	_____

*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.*



Fingerprint Service Code Form

Service Name:

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

When prompted, please enter the following:

Your ORI: _____

Contributor Case Number: _____

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Coastguard Merchant Mariner Card
- U.S. Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Juveniles

- Approved Document list as shown above; or
- Photo ID Waiver for Minors (Only needed in special circumstances)
 - Required Secondary document if Photo ID Waiver for Minors is selected (only needed in special circumstances)
 - Birth Certificate bearing an official seal or certified copy) issued by State, county, municipal authority (or outlying possession of the U.S.)
 - Social Security Card



Don't have access to the Internet? You can still schedule an appointment by calling **877.503.5981**.