APPLICANT

Type or print - use black ink

LAST NAME | FIRST NAME | MIDDLE NAME

LEAVE THIS SPACE BLANK

S#
B
I

LEAVE THIS SPACE BLANK

US CITIZEN YES	US CITIZEN NO	DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER

RESIDENCE OF PERSON FINGERPRINTED

ALIASES / MAIDEN NAME / ADDITIONAL DOB

SBI NUMBER

MARKS / SCARS / AMPUTATIONS / MISC. NUMBERS / TATTOOS

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION FOR THIS APPLICATION. I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER, FOR THE PURPOSE OF THIS BACKGROUND CHECK, IS VOLUNTARY.

SIGNATURE OF PERSON FINGERPRINTED

✓

IMPRESSIONS TAKEN BY

DATE TAKEN

CONTRIBUTOR / ADDRESS / ORI NO.

NJ920690Z
Dept. of Children and Families
Trenton, NJ

CONTRIBUTOR'S USE ONLY

APPLICATION FOR:

- [ ] FIREARMS PURCHASER IDENTIFICATION CARD
- [ ] PERMIT TO CARRY PISTOL OR REVOLVER
- [ ] RENEWAL - RETAIL FIREARMS DEALER'S LICENSE
- [ ] PERMIT TO PURCHASE PISTOL OR REVOLVER
- [ ] RETAIL FIREARMS DEALER LICENSE
- [ ] EMPLOYEE - RETAIL FIREARMS DEALER'S LICENSE
- [ ] LIQUOR LICENSE
- [ ] VOLUNTEER
- [ ] CRIMINAL JUSTICE EMPLOYMENT
- [ ] LOCAL ORDINANCE
- [ ] DEATH NOTICE
- [ ] INDIVIDUAL REVIEW OR CHALLENGE
- [ ] OTHER _____

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE

6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE

SAMPLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

STATE OF NEW JERSEY
STATE POLICE, STATE BUREAU OF IDENTIFICATION
BOX 7068, WEST TRENTON, NEW JERSEY 08628-0068
(609) 882-2000, Ext. 2451

SBI-19 (Rev. 10/02)

OCCUPATION	EMPLOYER AND ADDRESS

THE SBIB RESPONSE TO THIS FINGERPRINT CARD SUBMISSION SHOULD BE FORWARDED TO:

☐ **THE CONTRIBUTOR/ORI NO. LISTED ON THE FRONT OF THIS FINGERPRINT CARD**

☐ **THE APPLICANT AND ADDRESS LISTED ON THE FRONT OF THIS FINGERPRINT CARD**

☐ **OTHER (List Name and Complete Address)**

SAMPLE

INSTRUCTIONS: To All Contributors

1. Verify the Identity of the individual you are fingerprinting.
2. Ensure that a State Applicant Fingerprint Card (SBI-19) and a Federal Applicant Fingerprint Card (FD-258) are submitted when required by state statute.
3. Complete all information on the SBI-19 , and, if required, on the FD-258.
4. Obtain clear, classifiable fingerprint impressions to avoid processing delays.
5. Forward the fingerprint card(s), without delay, in the prepaid, pre-addressed envelope provided for this purpose to the above-listed address.

NOTE:

1. Obtain a completed Consent For Medical Health Records Search (STS-1) signed by the applicant before submitting fingerprint card for firearms-related applications.
2. Limited information is required for a Death Notice (Name, Sex, Race, Social Security Number, Aliases, SBI Number, Contributor, Impressions Taken By, Date Taken, Right Four Flats).