



STATE OF NEW JERSEY Firearms Applicant Investigation Report



(1) TYPE OF APPLICATION APPLICATION DATE: / / <input type="checkbox"/> FIREARMS PURCHASER ID CARD <input type="checkbox"/> Initial <input type="checkbox"/> Duplicate <input type="checkbox"/> PURCHASE A HANDGUN # Applied for: _____ <input type="checkbox"/> PERMIT TO CARRY HANDGUN <input type="checkbox"/> FIREARMS DEALER <input type="checkbox"/> RETAIL Lic. # _____ <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> WHOLESALE/MANUFACTURER Lic. # _____ <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> OTHER _____		(2) NAME OF APPLICANT (First, Middle, Last) _____ <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; vertical-align: top;"> (3) DATE OF BIRTH / / </td> <td style="width: 33%; border-right: 1px solid black; vertical-align: top;"> (4) SOCIAL SECURITY NUMBER - - </td> <td style="width: 34%; vertical-align: top;"> (5) US CITIZENSHIP <input type="checkbox"/> Yes (Verified) <input type="checkbox"/> No </td> </tr> </table> (6) ADDRESS OF APPLICANT (Number, Street, City, County, State) _____ <input type="checkbox"/> Address Confirmation: _____			(3) DATE OF BIRTH / /	(4) SOCIAL SECURITY NUMBER - -	(5) US CITIZENSHIP <input type="checkbox"/> Yes (Verified) <input type="checkbox"/> No																																																						
(3) DATE OF BIRTH / /	(4) SOCIAL SECURITY NUMBER - -	(5) US CITIZENSHIP <input type="checkbox"/> Yes (Verified) <input type="checkbox"/> No																																																											
(7) OCCUPATION (Position) _____ <input type="checkbox"/> Employment Verification: _____		EMPLOYER'S NAME & ADDRESS _____																																																											
(8) LOCATION OF BUSINESS OF FIREARMS DEALER (Number, Street, City, County, State) <input type="checkbox"/> N/A _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-right: 1px solid black;">FEDERAL LICENSE NUMBER ISSUED</td> <td style="width: 40%; border-right: 1px solid black;">NAME OF LICENSEE</td> <td style="width: 30%;">EXPIRATION DATE</td> </tr> <tr> <td style="border-right: 1px solid black;"> </td> <td style="border-right: 1px solid black;"> </td> <td> </td> </tr> </table>					FEDERAL LICENSE NUMBER ISSUED	NAME OF LICENSEE	EXPIRATION DATE																																																						
FEDERAL LICENSE NUMBER ISSUED	NAME OF LICENSEE	EXPIRATION DATE																																																											
INTERVIEW OF REPUTABLE PERSONS WHO ARE PERSONALLY ACQUAINTED WITH THE APPLICANT TO DETERMINE IF APPLICANT IS SUBJECT TO ANY OF THE DISABILITIES OR CONDITIONS AS SET FORTH IN N.J.S. 2C:58-3.																																																													
(9) REFERENCE #1 - (Name, Address, Telephone) (Report derogatory information in Summary and check "See Summary" box.) <input type="checkbox"/> N/A <input type="checkbox"/> SEE SUMMARY <input type="checkbox"/> Reference was contacted on _____ and failed to provide any information to indicate that applicant is subject to the disability of N.J.S. 2C:58-3.																																																													
(10) REFERENCE #2 - (Name, Address, Telephone) (Report derogatory information in Summary and check "See Summary" box.) <input type="checkbox"/> N/A <input type="checkbox"/> SEE SUMMARY <input type="checkbox"/> Reference was contacted on _____ and failed to provide any information to indicate that applicant is subject to the disability of N.J.S. 2C:58-3.																																																													
(11) REFERENCE #3 - (Name, Address, Telephone) (Report derogatory information in Summary and check "See Summary" box.) <input type="checkbox"/> N/A <input type="checkbox"/> SEE SUMMARY <input type="checkbox"/> Reference was contacted on _____ and failed to provide any information to indicate that applicant is subject to the disability of N.J.S. 2C:58-3.																																																													
(12) FEDERAL, STATE, COUNTY & MUNICIPAL RECORD CHECKS CONDUCTED (Explain all "Yes" responses in Summary.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center; font-weight: normal; font-size: small;">RECORD</th> <th rowspan="2"></th> <th colspan="2" style="text-align: center; font-weight: normal; font-size: small;">RECORD</th> <th rowspan="2"></th> <th colspan="3" style="text-align: center; font-weight: normal; font-size: small;">RECORD</th> </tr> <tr> <th style="font-size: x-small;">YES</th> <th style="font-size: x-small;">NO</th> <th style="font-size: x-small;">YES</th> <th style="font-size: x-small;">NO</th> <th style="font-size: x-small;">YES</th> <th style="font-size: x-small;">NO</th> <th style="font-size: x-small;">N/A</th> </tr> </thead> <tbody> <tr> <td>NCIC/SCIC</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PROMIS GAVEL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>III/212A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NJ DOM. VIOLENCE REG.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NJ MOTOR VEHICLE (D.W.I)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>STATE/FEDERAL FINGERPRINTS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NJ JUV. CENTRAL REG.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>US DEPT HOMELAND SECURITY <i>(Non-US Citizens Only)</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ACS/ATS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ALIEN/VISA NUMBER _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						RECORD			RECORD			RECORD			YES	NO	YES	NO	YES	NO	N/A	NCIC/SCIC	<input type="checkbox"/>	<input type="checkbox"/>	PROMIS GAVEL	<input type="checkbox"/>	<input type="checkbox"/>	III/212A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NJ DOM. VIOLENCE REG.	<input type="checkbox"/>	<input type="checkbox"/>	NJ MOTOR VEHICLE (D.W.I)	<input type="checkbox"/>	<input type="checkbox"/>	STATE/FEDERAL FINGERPRINTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NJ JUV. CENTRAL REG.	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	US DEPT HOMELAND SECURITY <i>(Non-US Citizens Only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACS/ATS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	ALIEN/VISA NUMBER _____			
	RECORD			RECORD			RECORD																																																						
	YES	NO		YES	NO		YES	NO	N/A																																																				
NCIC/SCIC	<input type="checkbox"/>	<input type="checkbox"/>	PROMIS GAVEL	<input type="checkbox"/>	<input type="checkbox"/>	III/212A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
NJ DOM. VIOLENCE REG.	<input type="checkbox"/>	<input type="checkbox"/>	NJ MOTOR VEHICLE (D.W.I)	<input type="checkbox"/>	<input type="checkbox"/>	STATE/FEDERAL FINGERPRINTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
NJ JUV. CENTRAL REG.	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	US DEPT HOMELAND SECURITY <i>(Non-US Citizens Only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
ACS/ATS	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	ALIEN/VISA NUMBER _____																																																							
(13) SUMMARY OF INVESTIGATION (List additional record checks conducted.) _____																																																													
(14) DATE OF REPORT	(15) RANK NAME		BADGE	STATION	(16) REVIEWER																																																								
(17) PERMIT TO PURCHASE NUMBER	DATE OF ISSUE	(18) FID CARD/SBI NUMBER	DATE OF ISSUE	(19) REPORT NUMBER																																																									

SUMMARY OF INVESTIGATION, *Continued*

(14) DATE OF REPORT	(15) RANK	NAME	BADGE	STATION	(16) REVIEWER
(17) PERMIT TO PURCHASE NUMBER	DATE OF ISSUE	(18) FID CARD/SBI NUMBER	DATE OF ISSUE	(19) REPORT NUMBER	

SUMMARY OF INVESTIGATION, *Continued*

(14) DATE OF REPORT	(15) RANK	NAME	BADGE	STATION	(16) REVIEWER
(17) PERMIT TO PURCHASE NUMBER	DATE OF ISSUE	(18) FID CARD/SBI NUMBER	DATE OF ISSUE	(19) REPORT NUMBER	