All employees of a Firearms bealer	tendent ts for Dealer on to th rbidden or Manu	for use Employee License. is form is facturer who directly of		Check a	PLICATION	ATE OF NEW J I FOR EMPLOY DEALER LICEI val Transfer ire three years from the dat	EE OF FIREA	Vhole	esale	
engage in the sale or purchase of firearms or parts thereof and ammunition are required to complete this application form. (1) Last Name (If female, include maiden) First Middle (1)						license to Manufacture, Wh		;)		
(3) Date of Birth (4) Age (Place of Birth - City - State or Country) / / Month Day Year					-	(5) U.S. Citizen	(6) Social Security Num 	ber		
(7) Sex Height Weight Eyes Race Hair					(8) Distinguishing	Physical Characteristics				
(9) Employer's Trade Name (10) Bu					usiness Address (Number - Street - City - State - Zip)					
(11) Home Telephone	siness Telephone ) -		(13) Driver's License Number & State			(14) Date of Employment / / Date Time				
(15) Employee's Position with Licen	,	(16	6) lf you po	ossess a New Jersey	fication Card, list the number.					
(17) Have you ever been adjudged a juvenile delinquent?	Yes	If Yes, List Date(s)			Plac	e(s)	Offense(s)			
(18) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	Yes	If Yes, List Date(s)			Place	e(s)	Offense(s)			
(19) Have you ever been convicted of a crime that has not been expunged or sealed?	Yes	If Yes, List Date(s)			Plac	e(s)	Offense(s)			
(20) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	Yes	If Yes, By Whom?			When?	Where	Why?			
(21) Have you ever had an Employee of Firearms Dealer License refused or revoked?	Yes	If Yes, By Whom?			When?	Where	Why?			
(22) Are you an Alcoholic?	Yes	) of a mental or psy	chiatric cor	ndition on a	a temporary, interim	nstitution or hospital for trea or permanent basis? If Yes confinement or commitme	s, give the name and		Yes No	
(24) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	Yes									
(25) Are you now being treated for a drug abuse problem?		Institution on an in	n-patient or	outpatient	basis for any menta	ny doctor or psychiatrist or a Il or psychiatric conditions? d the date(s) of such occurr	If Yes, give the name &		Yes No	
(27) Do you suffer from a physical defect or sickness?	Yes									
(28) If answer to question 27 is yes, does this make it unsafe for you to handle firearms? <i>If not, explain.</i>									] Yes ] No	
(29) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.									Yes No	
(30) 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.									Yes No	
(31) 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:									Yes No	
A fee of \$5.00 payable to the Superintendent of State Police must accompany this application. Forward to: New Jersey State Police Firearms Investigation Unit P.O. Box 7068 West Trenton, NJ 08628-0068					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.         (32)         Signature of Applicant					
DO NOT WRITE BELOW THIS SPACE         Signature of Applicant           License Number         FIU#         Date of Issue         County Code										
S.P. 641 (Rev 10/08)					ification of this form is	s a crime of the fourth degree	as provided in NJS 2C:28-3	a.		