

This form is prescribed by the Superintendent for use by



STATE OF NEW JERSEY
Application for Registration as Wholesale Dealer
& Manufacturer of Firearms

applicants for a Manufacturer/ Wholesale Dealer of Firearms		1021	& Manufacturer of Firearms				
License. Any alteration to this form is expressly forbidden. If applicant is a Corporation or Partnership, form S.P. 280A must be completed.			☐ Initial ☐ Renewal ☐ Change of Name ☐ Change of (Personal or business) ☐ Business Address (All Licenses valid for three years from the date of issuance)				
Print or type answers to all questions and s (1) Last Name (If female, include maide	<u>'</u>	iddle ((2) Resid	•	alla for triree years from mber - Street - City - State	· · · · · · · · · · · · · · · · · · ·	
	,		. ,	•	•	,,	
(3) Date of Birth (4) Age (i) Month Day Year	Place of Birth - City - Sta	ate or Country)			(5) U.S. Citizen Yes No	(6) Social Security Numbe	r
(7) Sex Height Weight	Eyes Race	e Ha	air	(8) Distinguishing I	Physical Characteristics		
(9) Trade Name		(10)	Business	s Address (Number	- Street - City - State - Zip)		
(11) Home Telephone (12) Business Telephone (13) Dr			Driver's I	License Number & S	tate	(14) Business Hours Full Time	art Time
(14a) If Part Time, Name of Full Time Er	nployer Address (N	Number - Street	- City - S	tate - Zip)		Telephone Number () -	
(15) If you possess a New Jersey Retail	Firearms Dealer's Licen	se, List	(1	6) If you possess a	Federal Firearms Dealer's	License, List	
(A) License Number (B) Date of Issue				A) License Number		(B) Date of Issue	
(17) Have you ever been adjudged a juvenile delinquent?	Yes If Yes, List Date	(s)		Place	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 criminal offense that has not been expunged or sealed?	Yes If Yes, List Date	(s)	-	Place	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 No If Yes, By Whom	1?	·	When?	Where	Why?	
(21) Have you ever had an Employee of Firearms Dealer License refused or revoked?	Yes If Yes, By Whom No	1?		When?	Where	Why?	
(22) Are you an Alcoholic?	of a mental or	(23) 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.					Yes No
(24) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	Yes No						
(25) Are you now being treated for a drug abuse problem?	Yes No (26) Have you evinstitution on a location of the	ver been attende n in-patient or ou doctor, psychiat	ed, treate utpatient trist, hosp	ed or observed by an basis for any mental pital or institution and	y doctor or psychiatrist or a or psychiatric conditions? If the date(s) of such occurr	t any hospital or mental If Yes, give the name & ence.	Yes No
(27) Do you suffer from a physical defect or sickness?	Yes No						
(28) If answer to question 27 is yes, does handle firearms? <i>If not, explain.</i>	this make it unsafe for	you to		29) If you possess a number.	New Jersey Firearms Purc	haser Identification Card, lis	st the
(30) Are you subject to any court order is	sued pursuant to Dome	stic Violence? /		plain.			Yes
							No
(31) Have you ever been convicted of an attempting to or knowingly or reckless!	y domestic violence in a y causing bodily injury,	any jurisdiction w or (3) negligently	vhich invo y causing	olved the elements of bodily injury to anot	f (1) striking, kicking, shovi her with a weapon? If Yes,	ng, or (2) purposely or explain.	Yes No
(32) Are you presently, or have you ever the government of the United States of Jersey? If yes, list name and address of organization(s) here:	been a member of any of this State, or to deny	organization whi others of their r	ich advoorights und	cates or approves the der the Constitution of	e commission of acts of vic of either the United States (lence, either to overthrow or the State of New	Yes No
A fee of \$150.00 payable to the S must accompany this application Forward to: New Jersey State Po Firearms Investigation P.O. Box 7068 West Trenton, NJ 08	n. lice on Unit	ate Police	and mad	d correct in every		is application are compl if any of the foregoing nment.	
,	ELOW THIS SPACE			Signature of Applicant	Loopurity number is a train		Application
License Number	Date of Issue				I security number is voluntary. This number is considered con	Without this number, the proces fidential.)	ssing of my
			Ec's	ification of this farm !	a arima of the fourth degree	as provided in N IS 2C-20 2-	