



Municipal Police Records Check

Please print or type all information.

PART I: TO BE COMPLETED BY THE APPLICANT

Applicant: Complete all information requested in its entirety. **DO NOT LIST YOUR MAILING ADDRESS; PROVIDE THE ADDRESS WHERE YOU ACTUALLY RESIDE** (Municipality of actual residence).

NAME: Last		Maiden (or previous name if applicable)		First	Middle
HOME ADDRESS: Number & Street		Apt. # (if applicable)	City/Township/Borough		State Zip Code
DATE OF BIRTH: (Month/Day/Year)			SBI NUMBER (if known)		
DEALER NAME:			DEALER LICENSE #:		

PART II: TO BE COMPLETED BY THE APPLICANT

Applicant: In the fields below, provide the contact information requested for the police agency that provides **police service** for the **municipality in which you live**.

NAME OF AGENCY					
AGENCY ADDRESS: Number & Street		City/Township/Borough		State	Zip Code
TELEPHONE NUMBER () -			FAX NUMBER () -		

— APPLICANT: DO NOT WRITE BELOW THIS LINE —

PART III: LAW ENFORCEMENT RETURN ENDORSEMENT

The New Jersey State Police Firearms Investigation Unit is conducting a background investigation for licensing purposes on the subject identified in Part I of this form. Please complete the fields below and return this form, along with any records found, to the Firearms Investigation Unit by faxing to **609-882-2016**.

If the record is too lengthy to fax, please mail it to:
New Jersey State Police
P.O. Box 7068, West Trenton, N.J. 08628-0068
Attn: Firearms Investigation Unit.

CERTIFICATION: The records of this agency (in-house only) were checked for the subject identified in Part I of this form. The results of said check are indicated below.	
<input type="checkbox"/> RECORD FOUND	<input type="checkbox"/> NO RECORD FOUND
DATE CHECK CONDUCTED:	NAME OF POLICE DEPARTMENT
PRINT NAME OF OFFICIAL CONDUCTING RECORDS CHECK	Signature

If you need assistance in completing this form or have any questions, please contact the New Jersey State Police Firearms Investigation Unit at 609-882-2000 ext. 2060.