



STATE OF NEW JERSEY

APPLICATION FOR REGISTRATION AND POSSESSION OF AN ASSAULT FIREARM

Date of Application		Applicant Name (<i>Last, First, MI</i>)			Previous Name (<i>if applicable</i>)	
Applicant Address (<i>Number & Street, City, State, ZIP Code</i>)				Home Telephone		Cell Phone
Email Address		Date of Birth	Age	Place of Birth (<i>City & State, Country</i>)		
Sex	Height	Weight	Hair Color	Eye Color		Complexion
Citizen? <input type="radio"/> Yes <input type="radio"/> No		SSN		SBI #/FID #		
<p>Reasons for Registration as per 2C:39-20. <i>Select all that apply.</i></p> <p><input type="checkbox"/> A firearm with a fixed magazine capacity holding up to 15 rounds which is incapable of being modified to accommodate ten or fewer rounds.</p> <p><input type="checkbox"/> A firearm which only accepts a detachable magazine with a capacity of up to 15 rounds which is incapable of being modified to accommodate ten or fewer rounds.</p>						
Description of Assault Firearm						
Name of Firearm		Model		Caliber	Serial Number	
Date Acquired		Acquired From (<i>Name, Address, City, State, ZIP Code</i>)				
<p><i>This form is being utilized to register an assault firearm/high capacity magazine in accordance with 2C:39-20. This registration form shall only be valid for one year from June 13, 2018.</i></p> <p><i>An applicant shall register the firearm in the law enforcement agency of the municipality in which the applicant resides, or if the municipality does not have a municipal law enforcement agency, any State Police station.</i></p> <p><i>The heir or estate of an owner of a firearm which has been registered pursuant to this section shall within 90 days after the owner's death, dispose of that firearm in accordance with section 5 of P.L.2018, c.39 (C.2C:39-19).</i></p> <p style="color: red;">APPLICANT'S SIGNATURE INDICATES THAT THEY HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS APPLICATION. </p>						
<hr style="border: none; border-top: 1px solid black;"/> <i>Signature of Applicant</i>					<hr style="border: none; border-top: 1px solid black;"/> <i>Date</i>	

- The Applicant/Registrant shall print and sign three copies of this form.
1. One copy shall go to the local/municipal police department where the applicant resides.
 2. One copy shall be retained by the Registrant.
 3. One copy shall be forwarded to the Superintendent of State Police
P.O. Box 7068
West Trenton, NJ 08628-0068