



(PLEASE TYPE OR PRINT IN INK)

New Jersey State Police  
Port Security Section  
24 Commerce St. Suite 701  
Newark, NJ 07102

## REQUEST FOR DUPLICATE LICENSE, PERMIT OR REGISTRATION

**INSTRUCTIONS: THIS FORM SHOULD BE RETURNED IN PERSON TO THE ABOVE OFFICE.**

Was the card or license:			
<input type="checkbox"/> <b>Lost</b>	<input type="checkbox"/> <b>Stolen</b>	<input type="checkbox"/> <b>Other</b>	Reason: _____
Type or Print Full Name of Applicant	Type	License <input type="checkbox"/> Permit <input type="checkbox"/> Registration <input type="checkbox"/>	Number :
Address No. and Street	City	State	Zip
<b>DATE:</b>	<b>NAME:</b>	<b>SIGNATURE:</b>	
<b>Duplicate Card Issued By:</b>	_____		
<b>Date:</b>	_____		
<b>Received By:</b>	_____		