

## STATE OF NEW JERSEY Certificate of Eligibility



(This form must be completed for each transfer of a Shotgun or Rifle, including black powder or BB Rifle)

| Make of Firearm   | Action (pump, lever, semi |                  | mi-automatic, bolt, e | -automatic, bolt, etc.) Mc                           |                 | Model   |                                      |          | Caliber or Gauge |               |
|---|---------------------------|------------------|-----------------------|--|-----------------|---------|--------------------------------------|----------|------------------|---------------|
|   |                           |                  |                       |  |                 |         |                                      |          |                  |               |
| Serial Number   | Type of                   | Type of Transfer |                       | Transferor (or Dealer Employee) Last Name First Name |                 |         |                                      |          |                  | MI            |
|   | Priva                     | Private Dealer   |                       |  |                 |         |                                      |          |                  |               |
| Dealer Name (if applicable)   |                           |                  | Dealer Stat           | Dealer State Firearms License Number                 |                 |         | Transferor's Firearms ID Card Number |          |                  |               |
| Address of Transferor (Dealer: List your  | licensed location.) Num   | ber & Street     | Town/City             |  |                 |         | State                                | ZIP Co   | ode              |               |
| Evennations   |                           |                  |                       | NICS Che   | el.             | NIC N.  | mhor                                 | Date     | of Transfe       |               |
| Exemptions  Between Law Enforcement Officers  | C Immediate Family        | Licence          | d Curio/Relic Dealer  |  |                 | NIC NU  | umber Dat                            |          | te of Transfer   |               |
|   | Immediate Family          | $\sim$           |                       |  | ~               |         |                                      |          |                  |               |
| PART 2: This section mus  | t be completed l          | by the PER       | SON RECEIVI           | NG the fi  | rearm.          |         |                                      |          |                  |               |
| Receiver Last Name  |                           | First Name       |                       |  | MI              |         | Telephone                            |          |                  |               |
|   |                           |                  |                       |  |                 |         |                                      |          |                  |               |
| Address of Receiver Number & Street   | Town/City                 |                  |                       |  | State           | ZIP Co  | ode                                  |          |                  |               |
|   |                           |                  |                       |  |                 |         |                                      |          |                  |               |
| Date of Birth   | Receiver's Firearms F     | Purchaser ID Ca  | ard Number            |  |                 |         |                                      |          |                  |               |
|   |                           |                  |                       |  |                 |         |                                      |          |                  |               |
| 1) Have you ever been co  | nvicted of a crim         | ne that has      | not been exp          | ounged o   | r sealed?       |         |                                      |          | Yes              | $\bigcirc$ No |
| 2) Are you subject to any   | court order prof          | nibiting yo      | u from posses         | ssing fire   | arms?           |         |                                      |          | Yes              | $\bigcirc$ No |
| 3) Are you subject to any   |                           |                  |                       |  |                 |         |                                      |          | Yes              | $\bigcirc$ No |
| <b>NOTICE:</b> If you have ha   |                           | _                | -                     | •  |                 | -       | •                                    |          |                  |               |
| answer "Yes" and are in   |                           |                  | •                     | -  |                 |         | n the date of                        |          |                  |               |
| issuance of the Final Res   | _                         |                  |                       |  | •               |         | المرامد المالمة                      |          |                  |               |
| <ol> <li>Have you ever been co<br/>an act of domestic viol</li> </ol>                                   |                           |                  |                       | •  |                 |         |                                      | ing      |                  |               |
| (3) Lewdness (4) Crimir   |                           |                  |                       | •  |                 |         |                                      |          | Yes              | ○ No          |
| 5) Are you an alcoholic?  | •                         |                  |                       |  |                 |         |                                      |          |                  | ○ No          |
| 6) Are you dependent up   | on the use of an          | y narcotic       | or other cont         | rolled daı   | ngerous sul     | ostanc  | e?                                   |          | Yes              | ○ No          |
| 7) Do you suffer from any physical defect or sickness which makes it unsafe for you to handle firearms? |                           |                  |                       |  |                 |         |                                      |          | Yes              | ○ No          |
| 8) Since the issuance of your Firearms I.D. Card, have you been confined for a mental disorder?         |                           |                  |                       |  |                 |         |                                      |          | Yes              | _             |
| 9) Are you presently, or h  |                           |                  | -                     |  |                 |         |                                      |          |                  |               |
| commission of acts of   | violence, either t        | o overthro       | w the govern          | ment of  | the United      | States  | or of this State,                    | or       |                  |               |
| to deny others of their   | •                         |                  |                       |  |                 |         |                                      | •        | Yes              | ○ No          |
| 10) Are you a fugitive from   | justice?                  |                  | <u>-</u>              |  |                 |         |                                      |          | Yes              | ○ No          |
| 11) What is your State of re  | sidence?                  |                  |                       | f other tha  | n NJ, this tran | sfer mu | ist go through a Lic                 | censed F | irearms          | Dealer.       |
|   |                           |                  |                       |  |                 |         |                                      |          |                  |               |
|   |                           |                  |                       |  |                 |         |                                      |          |                  |               |
|   |                           |                  |                       |  |                 |         |                                      |          |                  |               |

Should you have any questions in completing this form, contact the Firearms Investigation Unit, New Jersey State Police, P.O. Box 7068, West Trenton, NJ 08628-0068 (609) 882-2000 Ext. 2060 or 2061.

Questions 1 - 10 must be answered "no" for the transfer of the firearm to proceed. A person who answers "yes" to any question is not eligible to receive a firearm.

I hereby certify that the answers given on this form 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.

Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c

Unless an exemption exists under N.J.S.A. 2C:58-3(2), The transfer of firearms will be conducted at a New Jersey Licensed Firearms Dealer who will conduct a National Instant Criminal Background Check.