

# EAST NEWARK POLICE DEPARTMENT

34 SHERMAN AVENUE

EAST NEWARK, NJ

07029

## FIREARMS LICENSING UNIT

Telephone: 973-481-2901

Fax: 973-481-0627

### INSTRUCTIONS AND GUIDELINES

#### "NEW JERSEY STATE FIREARMS IDENTIFICATION CARD"

#### "NEW JERSEY STATE FIREARM PURCHASE PERMIT"

(NOTES: FIREARMS PERMITS ARE NEW JERSEY STATE PERMITS)

The following information is intended to provide guidance upon commonly asked questions regarding firearms application processing. The Firearms Licensing Unit staff cannot provide legal advice. Firearms owners are obligated to acquaint themselves with and comply with all federal, state and local laws governing the possession and use of firearms.

**\* ALL INFORMATION GIVEN ON FORMS MUST BE NEAT AND CLEAR**

**>> TYPE ALL INFORMATION ON FORMS USING FILLABLE PDF FORMS <<**

**INABILITY TO READ YOUR SUBMISSIONS WILL REQUIRE THAT THE FORM BE REDONE**

#### **1. RESIDENCY**

The applicant must be a resident of the Borough of East Newark. **Two** forms of government issued identification are required, one being a State of New Jersey Driver's License or State Identification Card. Driver's License or other items that list a Post Office Box number or an address other than your residence can not be accepted. Any item that verifies residence (i.e. – tax bill, rent receipt, utility bill, etc.) Applicants of foreign birth must submit a copy of Naturalization Certificate, Passport, or an Immigration Resident Alien Registration Card.

#### **2. STATE IDENTIFICATION CARD AND PURCHASE PERMIT APPLICATION FROM (S.P.033)**

The State Application Form is the same for a Firearms Purchaser Identification Card or for a Handgun Purchase Permit. Read each question carefully. All required questions must be answered. Do not sign the application when filling it out, you will sign in front of the investigating official when submitting the application. NOTE: The State Application form is available on line at:

**[www.njsp.org](http://www.njsp.org) >drop down information >drop down forms > 18<sup>th</sup>. Form in the list, Web**

**Search "New Jersey Firearms Application Form sts-033" or at <http://www.boroughofeastnewark.com/>**

**under police**

Please fill it out there, print it out and return it to our office. **ONLY** type written forms will be accepted.

- a. Type all information clearly, on all forms.
- b. All addresses must be complete with house number, street, town, state, and zip code.
- c. Forms must be signed. This will be done in the presence of the law enforcement officer who is processing the application.
- d. Return completed forms.
- e. Height shall be in feet and inches (Ex. 6'4").
- f. Indicate Race with either Asian, Black, American Indian or White.
- g. If you are applying for a Handgun Purchase Permit, there is no limit on the quantity of permits you may apply for.

**\* The falsification of information on any of the applications for firearms permits is a violation of N.J.S. 2C:39-10c and is crime of the third degree. Any falsification may result in criminal charges against you.**

**First Time Applicants for a Firearms Purchaser Identification Card and/or Handgun Purchase Permit**

- a. All first time applicants MUST be fingerprinted. The fingerprint process will be completed by IndentoGo (Morpho Trust). This information and appointment form will be provided upon the submission of your properly completed firearms application.
- b. Complete the Consent for Mental Health Records Search, form S.P. 66 (Rev. 10/14).
- c. Complete a State of New Jersey Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit, Form STS-033 (Rev. 09/09).
- d. References should not be relatives, and addresses must be complete, for mailing purposes.

**Subsequent Applicants for Additional Permits to Purchase a Handgun or Duplicate Firearms Purchaser Cards**

- a. A Criminal History Records Check must be conducted on all subsequent applications.
- b. As of April 2014, the State Bureau of Identification (SBI) has mandated that **all State Police Applicants** 212A forms must be completed electronically. SBI will no longer accept the yellow 212A paper form for a Duplicate Firearms Purchaser Identification Card and Handgun Purchase Permits. See below for new instructions to complete the 212A process electronically.

**212A ONLINE APPLICATION INSTRUCTIONS**

- x Login to the website <https://www.njportal.com/njsp/criminalrecords/>
- x When asked for the agency's ORI number, enter the **ORI number provided by your local municipality or if the New Jersey State Police provides police service for your municipality you must acquire the ORI number from the barracks that patrols your municipality.**

x A literal translation will appear giving the option of continuing or canceling the filing.

x If you choose to continue you will fill out the demographics and select the background needed.

For Firearm Purchaser Identification Cards and Handgun Purchase Permits you will select: **NJS 2C:58-3. Firearm licensing.**

x You will then be requested to enter your State Bureau of Identification number (SBI number- also known as the Firearms Identification number). This is to ensure that you have been finger printed under a firearms application before. If you have not you will be rejected from the process at this time.

x If all information is correct, you will then check out by making the payment by credit card or electronic check. Once the payment is verified, you will receive a Confirmation & Receipt that will include your confirmation number. It is recommended you save this document for your records.

x You will find additional instructions in the help section once you set up your account and become a user. Any problems or questions contact SBI at 609-882-2000 extension 2918.

- c. Additional purchase permit applicants must fill out the State of New Jersey Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit, Form STS-033 (Rev. 09/09).
- d. Applicants for a Firearms Purchaser Identification Card duplicate card, i.e., mutilated, lost or stolen, change of address, name and/or sex, must complete form STS-033 as noted above.
- e. All applicants must complete the Consent for Mental Health Search, form SP-66 (Rev. 11/07).
- f. Current issued Firearms Purchaser Identification Card shall be surrendered at the time of submission of new application.

**Applying for a Permit to Carry a Handgun (The following instructions are the same for the initial and renewal application)**

- a. Complete a State of New Jersey Application For Permit To Carry A Handgun, form S. P. 642 (Rev. 02/09) in **triplicate**. All references must know the applicant for a minimum of three years prior to the date of the application.
- b. All original copies must be notarized.
- c. Submit four color passport size photographs with your application package.
- d. Complete the Consent For Mental Health Search, form SP-66 (Rev. 11/07).
- e. Submit in writing a justifiable reason / need for the issuance of a permit to carry a handgun. This must be detailed. Armored car guards shall obtain this from the C.E.O. of the company they are employed by. This shall also be notarized.
- f. Written proof of qualification with the handgun(s) you intend on carrying if your application is approved. This must be recent at the time of the application and must also be obtained from a certified firearms instructor.
- g. A money order in the amount of \$50.00 payable to, "Treasurer - State of New Jersey."

- h. All armored car guard applications shall be submitted to the appropriate New Jersey State Police Barracks. All others (Non-Armored car guards) shall be submitted to the law enforcement agency where the applicant resides. If your town of residence is covered by a State Police barracks on a full time basis, submit to that barracks. If part time, submit to that municipal police department. All out of state applicants must submit to the closest New Jersey State Police Barracks (not to include New Jersey State Police Barracks located on toll roads) to where they are geographically located.

### **3. REFERENCES**

You are required to submit two references or endorsements in Box 29 of the State Form. These people cannot be immediate family members or close relatives. It is asked that they reside within the State of New Jersey. They must have reputable backgrounds and have known you for at least three years preceding the date of application. Questionnaires will be sent to each reference.

### **4. FINGERPRINTING SCHEDULING FORM**

This form will be used by you to schedule your fingerprinting with the State Police authorized computer based digital fingerprint service called *IdentoGO*. **DO NOT** schedule an appointment with them until this form has been checked and a Contributor's Case Number issued by the Firearms Unit.

### **5. MENTAL HEALTH RECORD SEARCH CONSENT**

**FORM (S.P. 66)** NOTE: The State Mental Health

Form is available on line at:

**www.njsp.org >drop down information >drop down forms > 5<sup>th</sup>. Form in the list, Web Search "N.J. Firearms Form S.P. 66" or at <http://www.boroughofeastnewark.com/> under police**

Please fill it out there, print it out and return it to our office.

Complete Part 1 of the form only. Do not sign when filling out; you will sign in front of the investigating official when submitting the application. If you are being treated or have ever been treated for any mental health problems including drug abuse or alcohol abuse; you will need to have a doctor to complete Part 2 with an explanation.

### **6. APPLICATION FEES**

The following application fees are required:

#### **New applicant.**

1. \$5.00 Cash for a "Firearms Purchaser Identification Card"
2. \$2.00 Cash for each "Handgun Purchase Permit"
3. NOTE: A \$55.45 Processing Fee will be charged for fingerprinting. You will pay this fee when you schedule an appointment for fingerprinting with *IdentoGO*. Information on scheduling and payment methods is on the *IdentoGO* scheduling form which is item #4 above.

#### **Repeat Applicant.**

1. There is no charge for a lost, stolen or mutilated duplicate "Firearms Purchaser Identification Card"

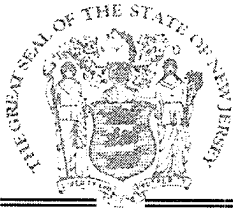
2. \$2.00 Cash for each "Handgun Purchase Permit"
3. Your application will be processed through the internet based system for \$20.00 to be paid online. Information on this system will be provided when you submit your application to the Firearms Unit.

## **12. PROCESSING**

Completed application materials and fees will be presented in person to the Firearms Unit at the East Newark Police Headquarters. Application processing time period depends on background check returns, Mental Health check returns and the return of fingerprint / criminal history name check returns. If there are any questions pertaining to your application, you may call 201-392-2146 for assistance. Once contacted by the Firearms Unit, the applicant MUST pick up the Firearms I.D. Cards and Permits in person. We will not mail them or turn them over to another person.

## **13. FALSIFICATION OF APPLICATION**

The application materials for firearms permits and licenses are considered legal documents. Therefore, if any false information is submitted to the Firearms Investigation Unit for the processing of this application, you can be subject to arrest, fine or imprisonment under N.J. 2C39-10c.



BOROUGH OF EAST NEWARK

# DEPARTMENT OF POLICE

34 Sherman Avenue  
East Newark, New Jersey 07029  
Phone: (973) 481-2901  
Fax: (973) 481-0627

**ANTHONY MONTEIRO**  
CHIEF OF POLICE

## FIREARMS APPLICATION CHECKLIST

DATE FILE OPENED: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

NAME: \_\_\_\_\_ SBI#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

F/A CARD:    \_\_\_ NEW       \_\_\_ REPLACE       \_\_\_ ADD. CHANGE       \_\_\_ REVOKED

PISTOL PERMIT(S):    \_\_\_           1 CONTROL # \_\_\_\_\_ PERMIT # \_\_\_\_\_

                          2 CONTROL # \_\_\_\_\_ PERMIT # \_\_\_\_\_

                          3 CONTROL # \_\_\_\_\_ PERMIT # \_\_\_\_\_

PERMIT TO CARRY:    \_\_\_ ORIG       \_\_\_ RENEWAL       \_\_\_ REVOKED

WEAPON QUAL. DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_

NCIC/SCIC CHECK:    \_\_\_ / \_\_\_ / \_\_\_       RESULT: \_\_\_\_\_ DL: \_\_\_\_\_

ATS/PG:           \_\_\_ / \_\_\_ / \_\_\_       RESULT: \_\_\_\_\_ LOCAL CHECK: \_\_\_\_\_

	<i>DATE SENT</i>	<i>DATE RETURNED</i>	<i>RESULT</i>
REFERENCE LETTER #1	_____	_____	_____
REFERENCE LETTER #2	_____	_____	_____
REFERENCE LETTER #3	_____	_____	_____
MENTAL HEALTH CHECK	_____	_____	_____
D/V CHECK	_____	_____	_____
INTERPOL	_____	_____	_____
SBI PRINTS	_____	_____	_____
FBI PRINTS	_____	_____	_____

VERIFICATION OF EMPLOYMENT DATE: \_\_\_\_\_

**TRANSFER:**       ORIGINAL ISSUING AUTHORITY: \_\_\_\_\_

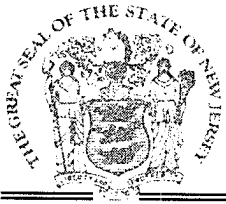
DOCUMENT REQUEST SENT: \_\_\_\_\_ RECEIVED: \_\_\_\_\_

REMARKS: \_\_\_\_\_

APPROVED/DENIED DATE: \_\_\_\_\_

COURT APPROVED: YES   NO

APPROVED/DENIED LETTER SENT: \_\_\_\_\_



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**ANTHONY MONTEIRO**  
*CHIEF OF POLICE*

### NJ State Police Criminal History Background Check

Applicant,

The online 212A Form should be used only after consultation with your local Police Department or the State Agency that is responsible for the type of licensing needed. You must first obtain an Originating Agency Identifier (ORI) Number from the licensing department to complete this form. Incorrect ORI Number may result in non-processing of your form.

Applicants MUST go to <https://www.njportal.com/njsp/criminalrecords> to fill out the New Jersey State Police Criminal History Form 212A. ORI# NJ0090200 will be needed to enter once you log into the website. Each submission costs \$20.00, payable by Visa, MasterCard, Discover, or American Express credit or debit card. This MUST be done in order to complete your firearms registration packet.

# EAST NEWARK PD

## ORI # NJ0090200



STATE OF NEW JERSEY



Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit

This form is prescribed by the Superintendent for use by applicants for Firearms Purchaser I.D. Cards & Handgun Purchase Permits. Any alteration to this form is expressly forbidden.

Check Appropriate Block(s)
Initial Firearms Purchaser Identification Card
Lost or Stolen Identification Card
Mutilated Identification Card
Change of Address on Identification Card
Change of Sex on Identification Card
Change of name on Identification Card
Application to Purchase a Handgun
(1) NAME Last ( If female, include maiden) First Middle (2) SOCIAL SECURITY NUMBER
(3) RESIDENCE ADDRESS Number & Street City State Zip (4) HOME TELEPHONE
(5) DATE OF BIRTH (6) AGE (7) PLACE OF BIRTH City, State, Country (8) DRIVER'S LICENSE NUMBER & STATE
(9) SEX RACE HEIGHT WEIGHT HAIR EYES (10) DIST. PHYSICAL CHARACTERISTICS (Marks, Scars, Tattoos) (11) U.S. CITIZEN
(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE (13) OCCUPATION
(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (If Applicable) (15) N.J. FIREARMS ID CARD/SBI NUMBER
(16) Have you ever been convicted of any domestic violence offense in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a deadly weapon? If yes, explain.
(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.
(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).
(19) Have you ever been convicted of a disorderly persons offense in New Jersey or any criminal offense in another jurisdiction where you could have been sentenced up to six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and offense(s).
(20) Have you ever been convicted of a crime in New Jersey or a criminal offense in another jurisdiction where you could have been sentenced to more than six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and crime(s).
(21) Do you suffer from a physical defect or disease? (22) If answer to question 21 is yes, does this make it unsafe for you to handle firearms? If not, explain.
(23) Are you an alcoholic? (24) 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.
(25) Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)? (26) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? If yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.
(27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, permit to carry a handgun or any other firearms license or application refused or revoked in New Jersey or any other state? If yes, explain.
(28) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of force and violence, either to overthrow the Government of the United States or of this State, or which seeks to deny others their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s).
(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives:
A.
B.

APPLICANT: DO NOT WRITE BELOW THIS SPACE
A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card (Initial Firearms Purchaser ID card only) and/or \$2.00 for each Permit to Purchase a Handgun, payable to the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application.
I hereby certify that the answers given on this application 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.
(30) Signature of Applicant Date of Application
Reason for Disapproval
A. CRIMINAL RECORD
B. PUBLIC HEALTH SAFETY AND WELFARE
C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
D. NARCOTICS/ DANGEROUS DRUG OFFENSE
E. FALSIFICATION OF APPLICATION
F. DOMESTIC VIOLENCE
G. OTHER (SPECIFY)
This Day of , 20
Signature Title
Department of Police Municipal Code #





**NEW JERSEY STATE POLICE • FIREARMS INVESTIGATION UNIT**  
**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.*

RECORD FOUND       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.*

# DOMESTIC VIOLENCE INFORMATION SHEET

Applicant is to complete this form by PRINTING LEGIBLY and signing/dating same.

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The person named below has applied to this police department for a firearms permit. Please search your records for any record of a Temporary or Permanent Domestic Violence Restraining Order pertaining to this applicant.

APPLICANT NAME: \_\_\_\_\_  
(Last) (First) (Middle)

MAIDEN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number, Street, Apartment Number)

\_\_\_\_\_  
(City, State, Zip Code)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DO NOT WRITE BELOW THIS LINE

---

RECORD FOUND: YES \_\_\_\_\_ (see attached)

NO \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

# CONSENT FORM

The undersigned hereby authorizes the East Newark Police Department or any of their representatives, agents or employees to obtain information concerning my person background, including any criminal record I may have, whether by utilizing the resources of the federal, state, county or municipal governments, including, but not limited to the N.C.I.C. and S.C.I.C. computer networks or any other source of investigation.

I am aware that in the course of my investigation, contacts may be with friends, family or others whom I have known over the years, without the full explanation of the reason for the investigation being known to them. But notwithstanding this awareness, I still give my consent to such investigation, and I do so voluntarily and freely.

If you have lived **outside** the State of New Jersey for any period of time, list the complete address or addresses, including military or government service:

1. HOUSE# \_\_\_\_\_ STREET \_\_\_\_\_ APT# \_\_\_\_\_  
TOWN \_\_\_\_\_ COUNTY/DISTRICT \_\_\_\_\_  
STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP \_\_\_\_\_
2. HOUSE# \_\_\_\_\_ STREET \_\_\_\_\_ APT# \_\_\_\_\_  
TOWN \_\_\_\_\_ COUNTY/DISTRICT \_\_\_\_\_  
STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP \_\_\_\_\_
3. HOUSE# \_\_\_\_\_ STREET \_\_\_\_\_ APT# \_\_\_\_\_  
TOWN \_\_\_\_\_ COUNTY/DISTRICT \_\_\_\_\_  
STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP \_\_\_\_\_
4. MILITARY SERVICE # (IF DIFFERENT THAN SSN) \_\_\_\_\_

USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED FOR ADDRESSES

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE



BOROUGH OF EAST NEWARK

# DEPARTMENT OF POLICE

34 Sherman Avenue  
East Newark, New Jersey 07029  
Phone: (973) 481-2901  
Fax: (973) 481-0627

**ANTHONY MONTEIRO**  
CHIEF OF POLICE

## EMPLOYMENT VERIFICATION

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

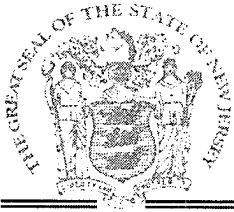
REFERENCE: Application for purchase of firearm

The above named applicant has listed you as a current or previous employer in his application to purchase firearm(s). Please complete this form, sign, date, and return it in the enclosed self-addressed envelope within the next seven (7) working days. **If no response has been received from you within that time, it will be inferred that you do not approve of the applicant.**

1. How long has/did the applicant work for you? \_\_\_\_\_
2. How would you describe the applicants work ethics? \_\_\_\_\_  
\_\_\_\_\_
3. Describe applicants position/title \_\_\_\_\_
4. How would you describe the applicants personality with other employees? \_\_\_\_\_  
\_\_\_\_\_
5. Are you aware of any substance abuse by the applicant? \_\_\_\_\_
6. Has the applicant expressed or displayed any bias or prejudice towards others? \_\_\_\_\_  
\_\_\_\_\_
7. To your knowledge has the applicant ever been charged as a juvenile delinquent? \_\_\_\_\_  
\_\_\_\_\_
8. Has the applicant ever been arrested? \_\_\_\_\_
9. If "YES" where, when, and for what was he/she charged? \_\_\_\_\_  
\_\_\_\_\_
10. To your knowledge, does the applicant have any mental deficiency, which might prove harmful to himself, or others, by use of firearms? \_\_\_\_\_  
If "YES" explain: \_\_\_\_\_

Signature of Reference \_\_\_\_\_

Date \_\_\_\_\_



BOROUGH OF EAST NEWARK

## DEPARTMENT OF POLICE

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Phone: (973) 481-2901  
Fax: (973) 481-0627

**ANTHONY MONTEIRO**  
CHIEF OF POLICE

Interpol  
Criminal Record Check  
Washington, D.C.

Telephone: 1 (202) 616-6501  
Facsimile: 1 (202) 616-8400

Dear Sir/Madam:

The following individual is a non-US citizen and has applied for a firearms ID card and/or a pistol permit with this jurisdiction. I am requesting a criminal record check be done with the country listed below on this individual, so that I can have a complete background on this person before issuing these permits.

NAME: \_\_\_\_\_

AKA/MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

COUNTRY TO BE CHECKED: \_\_\_\_\_

LKA IN COUNTRY: \_\_\_\_\_

Thank you for your attention to this matter. Please either fax the results of this check to 1 (973) 481-9408 or mail them to the undersigned officer at 34 Sherman Avenue, East Newark, New Jersey 07029.

If there is any additional information either requested or required please call 1 (973) 481-2901.

Sincerely,  
*s/ Billy Erezuma*  
Patrolman Billy Erezuma  
ID/Firearms Officer



By MorphoTrust USA

# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) <b>NJ0090200</b>		(2) Category <b>FIR</b>	(3) Statute Number <b>2C:58-1 THRU 4.1</b>		
(4) Reason for Fingerprinting <b>FIREARMS LICENSING</b>		(5) Document Type <b>B1</b>	(6) Payment Information <b>\$55.45</b>		
(7) Contributor's Case # (Unique Identifier)		(8) Miscellaneous			
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White ( Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address		State	Zip
<p><b>Identification Requirement</b> - Acceptable Identification must be presented at the <u>time of printing</u>. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).</p>					

**Please READ This Form Carefully:**

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

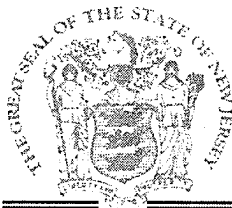
Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: <b>EAST NEWARK PD</b>		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

IDG\_NJAPP\_020115\_V2



BOROUGH OF EAST NEWARK

# DEPARTMENT OF POLICE

34 Sherman Avenue  
East Newark, New Jersey 07029  
Phone: (973) 481-2901  
Fax: (973) 481-0627

**ANTHONY MONTEIRO**  
CHIEF OF POLICE

## PERSONAL REFERENCE

**TO:**

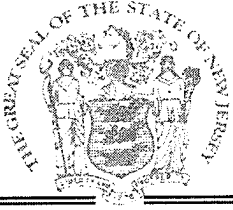
**DATE:**

REFERENCE: Applicant for purchase of firearm \_\_\_\_\_

The above named applicant has listed you as a personal reference in his application to purchase firearms. Please complete this form, sign, date, and return it in the enclosed self-addressed envelope within the next seven (7) working days. **If no response has been received from you within that time, it will be inferred that you do not approve of the applicant.**

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? (Example: Friend or Neighbor) \_\_\_\_\_
3. Applicant's address is \_\_\_\_\_  
(street address) (town) (state)
4. Name of applicant's employer: \_\_\_\_\_
5. Are you aware of any substance abuse by the applicant? \_\_\_\_\_
6. Has the applicant expressed or displayed any bias or prejudice towards others? \_\_\_\_\_
7. To your knowledge has the applicant ever been charged as a juvenile delinquent? \_\_\_\_\_
8. Has the applicant ever been arrested? \_\_\_\_\_  
 If "YES" where, when, and for what was he/she charged? \_\_\_\_\_
9. To your knowledge, does the applicant have any physical handicap? \_\_\_\_\_  
 If "YES" explain: \_\_\_\_\_
10. To your knowledge, does the applicant have any mental deficiency, which might prove harmful to himself, or others, by use of firearms? \_\_\_\_\_  
 If "YES" explain: \_\_\_\_\_

(Signature of Reference) \_\_\_\_\_ (Date) \_\_\_\_\_



BOROUGH OF EAST NEWARK

DEPARTMENT OF POLICE

34 Sherman Avenue
East Newark, New Jersey 07029
Phone: (973) 481-2901
Fax: (973) 481-0627

ANTHONY MONTEIRO
CHIEF OF POLICE

LAW ENFORCEMENT RECORDS CHECK

TO:

DATE:

RE: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SBI NUMBER (if available) \_\_\_\_\_

Dear Sir/Madam:

The above referenced person has applied to our department for a:

FIREARM ID CARD \_\_\_\_\_ DUPLICATE CARD \_\_\_\_\_ GUN PERMIT \_\_\_\_\_

This agency requests a name check of your files, and all information pertaining to this individual that will aid our department in determining the issuance of the above to him/her.

Will you please check the below listed boxes and return it to us at your earliest convenience. Thank You.

[ ] A check of our records was conducted on \_\_\_\_\_, and no information on the above individual was discovered. (DATE)

[ ] A check of our records was conducted on \_\_\_\_\_, and the following information was available: (DATE)

PLEASE LIST INFORMATION:

NAME AND TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_



## FIREARMS APPLICANT QUESTIONNAIRE

**APPLICANT:** Print or type all answers. Answer all questions. Giving false information will void application and may result in prosecution.

Last Name (include maiden name if applicable)		First Name		Middle Name	
Present Address		City/Town	State	Zip Code	How Long?
<b>Give previous addresses for the past ten years</b>					
Street Address		City/Town	State	Zip Code	How Long?
Street Address		City/Town	State	Zip Code	How Long?
Street Address		City/Town	State	Zip Code	How Long?
Present Employer				How Long?	
Employer's Address, Include City/Town				State	Zip Code
Previous Employer				How Long?	
Previous Employer				How Long?	
Military Service – If yes branch:		Service Number	How Long?	Type or Discharge?	
Are you presently under indictment anywhere in USA?		If Yes Explain:			
Do you have a driver's license? Yes or No		License Number		State where issued	
Have you ever been issued a driver's license in any other state? Yes or NO			If YES, what state(s)?		
Is there a member of your household, who reside with you, that has been convicted of a crime, or is presently under indictment?					
Is there, or has there ever been, a Domestic Violence Restraining Order against you or a member of your household, or a co-habitant?					
List the names and ages of all people who reside in your household, include spouse, children, and co-habitant?					
NAME		AGE		NAME	
NAME		AGE		NAME	
1)		2)		3)	
3)		4)		5)	
5)		6)		7)	
Have you ever been denied, disproved, or refused a firearms permit or ID card in this state or any other state? Yes or No					
If Yes, explain:					
I, _____, state that all the above information is true and correct. _____					
Signature of Applicant				Date of Application	