

**Wanaque Police Department**  
**579 Ringwood Avenue**  
**Wanaque, NJ 07465**  
**HEADQUARTERS**  
**(973) 835-5600**



All applicants must reside in the Borough of Wanaque. Applicants must be at least eighteen (18) years of age to obtain a Firearms Purchaser Identification Card and twenty-one (21) years of age to obtain a Permit to Purchase a Handgun.

***Application for Name Change, Change of Address, Lost Card, Damaged or Stolen Firearms ID Card:***

1. All applicants must complete two (2) State of New Jersey STS-33 applications for firearms purchaser identification card/application to purchase a handgun. The applications must be printed (legibly) in black ink or typed. The application and all necessary documents must be fully completed with all required information or it will be returned to the applicant. The applicant must sign two (2) originals. Check the Appropriate box at the top of the form concerning Lost or Stolen, Mutilated, Change of Address, Change of Sex, Change of Name (note additional items needed for name change).
2. Applicants must supply the names and addresses of two (2) references. Enclosed in this application packet are two letters for you to supply to your references. Have the person complete the form and mail it to;  
**Chief of Police**  
**Wanaque Police Department - 579 Ringwood Avenue, Wanaque, NJ 07465**  
***RE: Firearms Reference***  
Wanaque Borough Police Officers cannot be used as a reference. Both references must reside in the State of New Jersey.
3. All applicants must complete and sign "Part One" of the Consent for Mental Health Records Search (S.P.66).
4. Applicant must supply a copy of a New Jersey driver's license with a current Wanaque Borough address.
5. Applicant must turn in your previous Firearms Identification Card with the application. If this request concerns a card previously issued in another jurisdiction, a request will be sent to that jurisdiction for a complete photocopy of the file associated with the card number.
6. Applicant must complete the 212A Online Request for Criminal History Record Information. (Instruction sheet with ORI # included in packet) <https://www.njportal.com/njsp/criminalrecords/> Follow the prompts. Upon completion you will receive an email with a confirmation number and receipt.
7. Applicants will return the completed packet in the envelope initially provided.

***When you are notified that your permit(s) are ready for pick up:***

8. There is NO fee for a new card except the one for the Criminal History check.

Necessary forms can also be found at:

STS-033 - <http://www.njsp.org/info/pdf/firearms/sts-033.pdf>

SP-66 - <http://www.njsp.org/info/pdf/firearms/sp-066.pdf>

It may take up to 6 months to receive your new Firearms ID card due to the volume of Criminal History Requests through the New Jersey State Police.

**DO NOT CALL THE WANAQUE POLICE DEPARTMENT TO CHECK ON THE STATUS OF YOUR APPLICATION.  
YOU WILL BE NOTIFIED WHEN THE PAPERWORK IS READY FOR YOU TO PICK UP.**



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 (11) U.S. CITIZEN

(12) NAME OF EMPLOYER EMPLOYER'S ADDRESS & TELEPHONE (13) OCCUPATION

(14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD (15) N.J. FIREARMS ID CARD/SBI NUMBER

(16) Have you ever been convicted of any domestic violence offense... (17) Are you subject to any court order issued pursuant to Domestic Violence?

(18) Have you ever been adjudged a juvenile delinquent? (19) Have you ever been convicted of a disorderly persons offense in New Jersey...

(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...

(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?

(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...

(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...

(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?

(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...

(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives:

APPLICANT: DO NOT WRITE BELOW THIS SPACE
A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card and/or \$2.00 for each Permit to Purchase a Handgun...

APPROVED IDENTIFICATION CARD/PERMIT NUMBER(S)
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)

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
The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.

APPLICANT: DO NOT WRITE BELOW THIS SPACE
This Day of , 20
Signature Title
Department of Police Municipal Code #



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
Quantity of Permits:
(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...
(17) Are you subject to any court order issued pursuant to Domestic Violence?
(18) Have you ever been adjudged a juvenile delinquent?
(19) Have you ever been convicted of a disorderly persons offense...
(20) Have you ever been convicted of a crime in New Jersey...
(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?
(23) Are you an alcoholic?
(24) Have you ever been confined or committed to a mental institution...
(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...
(27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun...
(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...
(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant...
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...
APPROVED IDENTIFICATION CARD/PERMIT NUMBER(S)
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)
I hereby certify that the answers given on this application are complete, true and correct in every particular...
(30) Signature of Applicant Date of Application
This Day of , 20
Signature Title
Department of Police Municipal Code #

## APPLICANT INSTRUCTIONS

### Request for a Criminal History Record

Log on to <https://www.njportal.com/njsp/criminalrecords/>

Click on the ONLINE FORM 212A, a highlighted block located on the lower left side of the page.

Enter ORI# NJ0161300

Follow the prompts for demographic and payment information.

Upon completion of the form you will receive an email Confirmation & Receipt that will include a confirmation number.

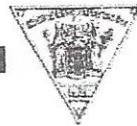
At this time the request will be forwarded to the Police Department's work queue for approval and submission to the NJ State Police for processing.

If you need more detailed information, click on the **HELP TAB**, located on the top right side of the page.



# CONSENT FOR MENTAL HEALTH RECORDS SEARCH

*This consent MUST be completed by the firearm applicant.  
Failure to consent requires denial or disapproval of the application.*



*N.J.S.A. 30:4-24.3 provides that all records of any individual's commitment to a non-correctional institution for mental health reasons shall be confidential and shall not be disclosed except in limited circumstances or with the consent of the individual.*

## PART ONE (To be completed by the applicant)

Name: (Last, Maiden, First, MI)		Date of Birth: (Month, Day, Year)	Social Security #: *See Privacy Act Notice Below.
Address: (Number & Street)	(Municipality)	(County)	(State)

List Prior Addresses for past 10 years:  NOT APPLICABLE

ADDRESS 1: Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_

(Number & Street)	(Municipality)	(County)	(State)
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ADDRESS 2: Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_

(Number & Street)	(Municipality)	(County)	(State)
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I, \_\_\_\_\_ am aware of my rights under N.J.S.A. 30:4-24.3, and the Health Insurance Portability and Insurance Accountability Act (HIPAA), 45 C.F.R. 164-50, and consent to the disclosure of my mental health records, including disclosure of the fact that said records may have been expunged, to the Chief of Police and the Superintendent of State Police, or their designees, for the purpose of verifying my firearms permit application and my fitness to own a firearm under N.J.S.A. 2C:58-3. I understand that copies of this authorization shall be considered sufficient authorization for the release of records or for the disclosure of the fact of expungement.

Investigating Police Department	Witness (Print Name)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Signature of Applicant	Signature of Witness
	Date

\* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the application may be delayed. This number is considered confidential.

## PART TWO (To be completed by County Adjuster's Office, Mental Health Institution and/or Doctor)

	Record of Admission Commitment or Treatment	Date of Check	Signature of Authorized Official or Doctor (Dr.: Provide Medical License #)
County Adjuster's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged		
Institution or Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged		

## PART THREE (To be completed by authorized official or doctor only if applicant has record of admission, commitment, or treatment at a hospital, mental institution or sanitarium for a mental disorder)

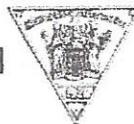
NAME OF HOSPITAL, MENTAL INSTITUTION OR SANITARIUM	ADMISSION (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
		to _____	
		to _____	

*Additional forms may be obtained through the New Jersey State Police, Firearms Investigation Unit, P.O. Box 7068, West Trenton, NJ 08628-0068, or via the internet at [www.njsp.org/info/forms.html](http://www.njsp.org/info/forms.html).*



# CONSENT FOR MENTAL HEALTH RECORDS SEARCH

*This consent MUST be completed by the firearm applicant.  
Failure to consent requires denial or disapproval of the application.*



*N.J.S.A. 30:4-24.3 provides that all records of any individual's commitment to a non-correctional institution for mental health reasons shall be confidential and shall not be disclosed except in limited circumstances or with the consent of the individual.*

## PART ONE (To be completed by the applicant)

Name: (Last, Maiden, First, MI) \_\_\_\_\_ Date of Birth: (Month, Day, Year) \_\_\_\_\_ Social Security #: \*See Privacy Act Notice Below.

Address: (Number & Street) \_\_\_\_\_ (Municipality) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

List Prior Addresses for past 10 years:  NOT APPLICABLE

ADDRESS 1: Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_  
(Number & Street) \_\_\_\_\_ (Municipality) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

ADDRESS 2: Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_  
(Number & Street) \_\_\_\_\_ (Municipality) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

I, \_\_\_\_\_ am aware of my rights under N.J.S.A. 30:4-24.3, and the Health Insurance Portability and Insurance Accountability Act (HIPAA), 45 C.F.R. 164-50, and consent to the disclosure of my mental health records, including disclosure of the fact that said records may have been expunged, to the Chief of Police and the Superintendent of State Police, or their designees, for the purpose of verifying my firearms permit application and my fitness to own a firearm under N.J.S.A. 2C:58-3. I understand that copies of this authorization shall be considered sufficient authorization for the release of records or for the disclosure of the fact of expungement.

Investigating Police Department \_\_\_\_\_

Witness (Print Name) \_\_\_\_\_

**X**  
Signature of Witness \_\_\_\_\_

**X**  
Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the application may be delayed. This number is considered confidential.

## PART TWO (To be completed by County Adjuster's Office, Mental Health Institution and/or Doctor)

	Record of Admission Commitment or Treatment	Date of Check	Signature of Authorized Official or Doctor (Dr.: Provide Medical License #)
County Adjuster's Office _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____
Institution or Doctor _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____

## PART THREE (To be completed by authorized official or doctor only if applicant has record of admission, commitment, or treatment at a hospital, mental institution or sanitarium for a mental disorder)

NAME OF HOSPITAL, MENTAL INSTITUTION OR SANITARIUM	ADMISSION (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

*Additional forms may be obtained through the New Jersey State Police, Firearms Investigation Unit,  
P.O. Box 7068, West Trenton, NJ 08628-0068, or via the internet at [www.njsp.org/info/forms.html](http://www.njsp.org/info/forms.html).*