

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.

Initial Applicant Procedures:

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. If the application has been downloaded from the internet, the applicant must print and sign two (2) originals. This form can also be used to apply for handgun permits in addition to the initial Firearms ID Card during the initial process. Enter the amount of handgun permits requested in the appropriate space.
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. Applicants will return the completed packet in the envelope initially provided.
6. When the application is returned to the Wanaque Police Department you will receive a Sagem Morpho universal fingerprint form. Applicant must make an appointment with Sagem Morpho, Inc. to have fingerprints taken. Instructions on scheduling an appointment for fingerprinting are outlined on the form. The fee (amount noted on form) for Sagem Morpho is State mandated and due when you appear at Sagem Morpho.

When you are notified that your permits are ready for pick up:

7. Applicant must pay a \$5.00 fee (Check or Money Order made to "Borough of Wanaque") for an initial Firearms Identification Card.
8. Applicant must pay a \$2.00 fee (Check or Money Order made to "Borough of Wanaque") for each Permit to Purchase a Handgun.

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>

Please note that it may take up to 6 months to receive your ID Card due to the volume of applications through the NJSP.

**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.**

REV2015



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, other than relatives:
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...
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.
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)
(30) Signature of Applicant Date of Application
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
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Change of Address on Identification Card
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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 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.

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)
(30) Signature of Applicant Date of Application
This Day of , 20
Signature Title
Department of Police Municipal Code #



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 Number:
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 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.**

Investigating Police Department

Witness

X _____
Signature of Applicant

Date

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.

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
_____ County Adjuster's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____ Institution or Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

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.*



Wanaque Police Department
579 Ringwood Avenue
Wanaque, NJ 07465



Thomas P. Norton
Chief of Police

HEADQUARTERS
(973) 835-5600
FAX (973) 835-6737

Applicant: _____

Dear _____

You have been listed on a Firearms Application for endorsement by the applicant listed above. In this letter, I will need the following information before the applicant can be approved for a Firearms Identification Card or Handgun Permit

1. I am personally acquainted with the applicant. I have known (Him ____ Her ____) for the past _____ years and know this person to be of good moral character and behavior, who is capable of exercising self-control. YES _____ NO _____
2. Does the applicant drink excessively? YES _____ NO _____
3. Is the applicant an alcoholic? YES _____ NO _____
4. To your knowledge, is the applicant dependent on any narcotic or other controlled dangerous drug? YES _____ NO _____
5. Does he/she suffer from any mental disorder? YES _____ NO _____
6. Is there any reason the applicant should be denied? YES _____ NO _____

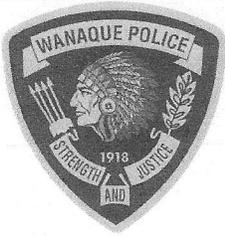
I believe the answers given to the questions set forth are true and correct in every particular response.

Please list any other comments on the reverse side.

SIGNATURE/DATE: _____

Thank you for your cooperation,
Thomas P. Norton
Chief of Police
Wanaque Police Department

Mail to:
Wanaque Police Department
579 Ringwood Ave.
Wanaque, NJ 07465
ATTN: Chief of Police



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Wanaque, NJ 07465



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