

# Asbury Park Police Department

## FIREARMS

This form is for anyone who already has a Firearms Identification Card and is requesting one or more of the following:

- 1) Change of address on existing Firearms Identification Card.
- 2) Obtain a Permit to Purchase a handgun
- 3) Lost or Stolen Identification Card
- 4) Mutilated Identification Card
- 5) Change of Sex of Identification Card
- 6) Change of Name on Identification Card

## APPLICANT INSTRUCTIONS

- 1) Complete State of New Jersey Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit
- 2) Consent of Mental Health Records Search
- 3) Online 212a registration which is explained below
- 4) Return step #1 and step #2 to the Records Bureau window at the City of Asbury Park Police Department Monday-Friday 9am to 3pm.

## ONLINE REGISTRATION

- Provide your applicant with your nine digit Originating Agency Identification Number (ORI).

Asbury Park Police ORI number: **NJ0130300**

- Instruct your applicant to log on to <https://www.njportal.com/njsp/criminalrecords/> and click on the **ON LINE FORM 212A** , a highlighted block located on the lower left side of the page.
- The applicant will follow the prompts for demographic and payment information.
- Upon completion of the form the applicant 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.
- The applicant can find more detailed information by clicking on the **Help Tab**, located on the top right side of the page.



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...

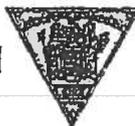
(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives:
A.
B.

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...
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 #



# 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)
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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 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 (Print Name)
	<u>X</u>
	Signature of Witness
<u>X</u>	
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 (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 08628-0088, or via the Internet at [www.njsp.org/info/forms.html](http://www.njsp.org/info/forms.html).