

# FRANKLIN TOWNSHIP POLICE DEPARTMENT

Hunterdon County

202 Sidney Road  
Pittstown, New Jersey 08867



908-782-9594  
908-735-6508  
Fax: 908-735-2990

## A. FIREARMS PURCHASER IDENTIFICATION CARD

**ORIGINAL:** *For Rifle & Shotgun* – Also necessary for a permit to purchase handgun.

**DUPLICATE:** If card is lost or stolen, and originally issued in Franklin Township, **OR** for change of address, name, etc., from another issuing authority, if you now reside in Franklin Township.

**NOTE:** Applicant will fill out the change of address form with the long application form.

## B. PERMIT TO PURCHASE HANDGUN – This may or may not be requested with the application for Original Firearm ID Card.

**NOTE: PERMIT TO PURCHASE HANDGUN** is valid for a period of **90 days** from the date of issue. This permit may be extended for only one (1) additional 90-day period by the applicant bringing permit to headquarters to have a new date and Chief's signature applied to permit.

### INSTRUCTIONS

1. You **MUST** be a resident of Franklin Township.
2. Fill out application **COMPLETELY AND PRINT LEGIBLY.**
  - a. Be sure **ALL** blocks are completed. Place "N/A" in the blocks where questions do not apply to you.
  - b. Answer questions with a "YES" or "NO". Do not circle answer.
  - c. Sign application.
  - d. You must supply two (2) persons who will be reference for you. These references must have known you for at least two (2) years, be of good moral character, must not be a relative of yours, nor live at the same residence. Please supply complete name, home mailing address, and zip code and telephone number.
3. Complete the Firearms Application Questionnaire.
4. When application and questionnaire are completed, please obtain a **certified check or money order** in the amount of **\$60.25**, payable to "DIVISION OF STATE POLICE-SBI". **Absolutely no personal checks or cash will be accepted for this fee.**

**Please make an appointment with this agency to return the completed application and certified check or money order to the Police Department at which time you must:**

1. Complete the Franklin Township Police Department **CONSENT FORM** to do a background search.
2. Complete the Franklin Township Police Department **DOMESTIC VIOLENCE FORM.**
3. Produce your **NEW JERSEY DRIVER'S LICENSE**, which will need to be copied for our records.
4. Our department must then fingerprint you. Fingerprinting must be scheduled. Please call for an appointment.
5. **Applicable local fees:**

|                               |        |
|-------------------------------|--------|
| Original or Duplicate ID Card | \$5.00 |
| For each Handgun Permit       | \$2.00 |

These fees will be collected at the time the permits are issued. **Personal checks payable to the "Franklin Township Police Department" are acceptable.**

**FRANKLIN TOWNSHIP POLICE DEPARTMENT**

**FIREARMS APPLICANT QUESTIONNAIRE**

**APPLICANT:** Print or type all answers. Answer all questions. **Giving false information is a crime that may result in prosecution.**

**Last Name** (include maiden name) \_\_\_\_\_ **First** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Present Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Previous Address** (Past ten years):

**Street Address** \_\_\_\_\_

**Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Present Employer** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**List Two (2) Previous employers**

**Employer** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Employer** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Military Service** Yes  No  **Service Number** \_\_\_\_\_

**Years of Service** \_\_\_\_\_ **Type of Discharge** \_\_\_\_\_

Are you presently under indictment anywhere in the USA? Yes  No

If YES, please explain: \_\_\_\_\_

**Do you have a driver's license?** Yes  No  **License Number** \_\_\_\_\_ **State** \_\_\_\_\_

Have you ever been issued a driver's license in any other state? Yes  No

If YES, which state(s)? \_\_\_\_\_

Is there anyone who resides within your household who has been convicted of a crime or is presently under indictment? Yes  No  If YES, please explain\_\_\_\_\_

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**Is there, or has there ever been, a Domestic Violence Restraining Order against you or a member of your household, or co-habitant?** Yes  No

List names and ages of all people who reside in your household. Please include spouse, children and co-habitants.

| Name | Age | Name | Age |
|------|-----|------|-----|
| 1.   |     | 2.   |     |
| 3.   |     | 4.   |     |
| 5.   |     | 6.   |     |

Have you ever been denied, disapproved or refused a firearms permit or ID card in this state or any other state? Yes  No  If YES, please explain\_\_\_\_\_

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Are you a United States Citizen? Yes  No

If NO, what is your status?\_\_\_\_\_

How long have you been in the United States?

I, \_\_\_\_\_, state that all the above information is true and correct.

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

**FRANKLIN TOWNSHIP POLICE DEPARTMENT  
HUNTERDON COUNTY**

**(908)782-9594**

**202 SIDNEY ROAD, PITTSTOWN, NJ 08867**

**(908)735-6508**

The person whose name appears below is applying for a permit to purchase a firearm or pistol. Please answer each question to the best of your knowledge, by placing an x in the brackets where applicable, and return this form to the above address.

Applicant: \_\_\_\_\_

1. Has the applicant ever been adjudged a juvenile delinquent? [Yes] [No]
2. Has the applicant ever been convicted of a crime or disorderly person's offense? [Yes] [No]
3. Is the applicant an alcoholic or habitual drunkard? [Yes] [No]
4. Has the applicant ever been confined in or committed to a mental institution? [Yes] [No]
5. Has the applicant ever been attended to, treated by, or observed by any doctor or psychiatrist for a mental or psychiatric condition? [Yes] [No]
6. Is the applicant currently using or has the applicant ever used illegal narcotics? [Yes] [No]
7. Has the applicant ever habitually used or abused any prescription or over-the-counter drugs? [Yes] [No]
8. Does the applicant suffer from any physical defect or sickness, which would adversely affect the safe use of a firearm? [Yes] [No]
9. Is the applicant now, or has the applicant ever been, a member of any organization which advocates the violent overthrow of the government or approves of the use of violence to deny others of their rights? [Yes] [No]
10. How long have you known the applicant? \_\_\_\_\_
11. What type of community reputation do you know the applicant to have? \_\_\_\_\_

\_\_\_\_\_

12. Do you know of any reason why the applicant should be denied this permit? [Yes] [No] (If yes, please explain).

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Phone Number

# DOMESTIC VIOLENCE INFORMATION SHEET

APPLICANT IS TO COMPLETE THIS FORM LEAVING NO SPACE BLANK. PRINTING LEGIBLY AND SIGNAND DATE SAME.

TO: HUNTERDON COUNTY JUSTICE CENTER  
FAMILY DIVISION  
P.O. BOX 578  
FLEMINGTON N.J. 08822 FAX#(908) 237-5918

FROM: FRANKLIN TOWNSHIP POLICE DEPT.  
ATTN. FIREARMS UNIT  
202 SIDNEY RD. PITTS TOWN N.J. 08867  
FAX#(908)735-2990

APPLICANT: \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)

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

FULL ADDRESS: \_\_\_\_\_  
(NUMBER, STREET, APT. #, ECT.)

\_\_\_\_\_  
(CITY/TOWN) (STATE) (ZIP CODE)

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

\_\_\_\_\_  
(APPLICANT SIGNATURE) (DATE)

**"DO NOT" WRITE BELOW THIS LINE**

.....  
**FAMILY DIVISON ONLY**

RECORD FOUND: ( ) YES (SEE ATTACHED)  
( ) NO

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

# FRANKLIN TOWNSHIP POLICE DEPARTMENT

## JUVENILE RECORDS SEARCH

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

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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

**N.J.S.A. 2A:4-65 PROVIDES THAT JUVENILE RECORDS  
BE SAFEGUARDED FROM PUBLIC INSPECTION. THOSE  
RECORDS ARE KEPT CONFIDENTIAL AND MAY BE  
DISCLOSED TO SELECTED INDIVIDUALS AND  
AGENCIES IN LIMITED CIRCUMSTANCES.**

I, \_\_\_\_\_, AM AWARE  
OF MY RIGHTS UNDER N.J.S.A. 2A:4-65 AND CONSENT TO A SEARCH AND  
DISCLOSURE OF MY JUVENILE RECORDS TO THE CHIEF OF POLICE OF  
THE TOWNSHIP OF FRANKLIN FOR THE PURPOSE OF VERIFYING MY  
FIREARMS PERMIT APPLICATION AND MY FITNESS TO OWN A  
FIREARM UNDER N.J.S.A. 2A:151-33 OR 2C:58-3.

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

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(DATE)



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



## STATE OF NEW JERSEY

- Application for Firearms Purchaser Identification Card  
 Application to Purchase a Handgun Amount of permits being applied for: \_\_\_\_\_

All persons wishing to obtain a Firearms Purchaser Identification Card or Permit to Purchase a Handgun are required to complete this application form. **Submit in duplicate. (If internet form, make and sign two originals)** Municipality Code # \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                             |      |         |                  |          |       |       |          |       |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------|------|---------|------------------|----------|-------|-------|----------|-------|-------|
| (1) Last Name ( If female, include maiden) First _____ Middle _____                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                             | (2) Resident Address (Number - Street - City - State - Zip) _____            |                                                             |      |         |                  |          |       |       |          |       |       |
| (3) Date of Birth _____<br>Month / Day / Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (4) Age _____ (Place of Birth - City - State or Country) _____                                                                                                                                                                                                                                                              | (5) U.S. Citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No | (6) Social Security Number<br>- - -                         |      |         |                  |          |       |       |          |       |       |
| (7) Sex _____ Height _____ Weight _____ Eyes _____ Race _____ Hair _____ Complexion _____                                                                                                                                                                                                                                                                                                                                                                                                                    | (8) Distinguishing Physical Characteristics _____                                                                                                                                                                                                                                                                           |                                                                              |                                                             |      |         |                  |          |       |       |          |       |       |
| (9) Name of Employer _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                             | (10) Employer's Address (Number - Street - City - State - Zip) _____         |                                                             |      |         |                  |          |       |       |          |       |       |
| (11) Occupation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                             | (12) Home Telephone<br>( ) -                                                 | (13) Business Telephone<br>( ) -                            |      |         |                  |          |       |       |          |       |       |
| (14) Driver's License Number & State _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                             | (15) If you possess a N.J. Firearms Purchaser ID Card, list the number _____ |                                                             |      |         |                  |          |       |       |          |       |       |
| (16) Have you ever been adjudged a juvenile delinquent?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                       | If Yes, List Date(s) _____                                                                                                                                                                                                                                                                                                  | Place(s) _____                                                               | Offense(s) _____                                            |      |         |                  |          |       |       |          |       |       |
| (17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                      | If Yes, List Date(s) _____                                                                                                                                                                                                                                                                                                  | Place(s) _____                                                               | Offense(s) _____                                            |      |         |                  |          |       |       |          |       |       |
| (18) Have you ever been convicted of a criminal offense that has not been expunged or sealed?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                 | If Yes, List Date(s) _____                                                                                                                                                                                                                                                                                                  | Place(s) _____                                                               | Offense(s) _____                                            |      |         |                  |          |       |       |          |       |       |
| (19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                               | If Yes, By Whom? _____                                                                                                                                                                                                                                                                                                      | When? _____                                                                  | Where _____ Why? _____                                      |      |         |                  |          |       |       |          |       |       |
| (20) Have you ever had an Employee of Firearms Dealer License refused or revoked?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                             | If Yes, By Whom? _____                                                                                                                                                                                                                                                                                                      | When? _____                                                                  | Where _____ Why? _____                                      |      |         |                  |          |       |       |          |       |       |
| (21) Are you an Alcoholic?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                    | (22) 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? <i>If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.</i> |                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |         |                  |          |       |       |          |       |       |
| (23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                             |      |         |                  |          |       |       |          |       |       |
| (24) Are you now being treated for a drug abuse problem?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                             |                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |         |                  |          |       |       |          |       |       |
| (25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient or outpatient basis for any mental or psychiatric conditions? <i>If Yes, give the name &amp; location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.</i>                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                             |                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |         |                  |          |       |       |          |       |       |
| (26) Do you suffer from a physical defect or sickness?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                             |                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |         |                  |          |       |       |          |       |       |
| (27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? <i>If not, explain.</i><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                            | (28) Are you subject to any court order issued pursuant to Domestic Violence? <i>If yes, explain.</i><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                        |                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |         |                  |          |       |       |          |       |       |
| (29) Have you ever been convicted of any domestic violence 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 weapon? <i>If Yes, explain.</i>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                             |                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |         |                  |          |       |       |          |       |       |
| (30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? <i>If yes, list name and address of organization(s) here:</i>                                                                                                          |                                                                                                                                                                                                                                                                                                                             |                                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |      |         |                  |          |       |       |          |       |       |
| (31) Names & Addresses of two reputable persons who are presently acquainted with the applicant, other than relatives:<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Name</td> <td style="width: 40%; text-align: center;">Address</td> <td style="width: 30%; text-align: center;">Telephone Number</td> </tr> <tr> <td>A. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>B. _____</td> <td>_____</td> <td>_____</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                             | Name | Address | Telephone Number | A. _____ | _____ | _____ | B. _____ | _____ | _____ |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                                                                                                                                                                                                                                                                                                     | Telephone Number                                                             |                                                             |      |         |                  |          |       |       |          |       |       |
| A. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                                                                                                                                                                                                                                                                       | _____                                                                        |                                                             |      |         |                  |          |       |       |          |       |       |
| B. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____                                                                                                                                                                                                                                                                                                                       | _____                                                                        |                                                             |      |         |                  |          |       |       |          |       |       |

| APPLICANT: DO NOT WRITE BELOW THIS SPACE                                                                                                                                                                                                                                           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card or \$2.00 for each Permit to Purchase a Handgun, payable to either the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application. |                                                                     |
| <b>APPROVED</b>                                                                                                                                                                                                                                                                    | <b>IDENTIFICATION CARD/PERMIT NUMBER(S)</b>                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | _____                                                               |
| <b>DISAPPROVED</b>                                                                                                                                                                                                                                                                 | <b>Reason for Disapproval</b>                                       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | <input type="checkbox"/> A. CRIMINAL RECORD                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | <input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE        |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | <input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | <input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | <input type="checkbox"/> E. FALSIFICATION OF APPLICATION            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | <input type="checkbox"/> F. DOMESTIC VIOLENCE                       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | <input type="checkbox"/> G. OTHER (SPECIFY) _____                   |
| <b>GRANTED ON APPEAL</b>                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                           | _____                                                               |

*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.*

(27) \_\_\_\_\_  
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.)

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

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**APPLICANT: DO NOT WRITE BELOW THIS SPACE**

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Department of Police