

FIRST TIME FIREARM APPLICATION PACKAGE

1. Applicant must reside in Union, NJ.
2. Applicant must be 18 years of age to apply for a Firearm Identification Card and 21 years of age to apply for a Permit to Purchase a Handgun. Check off appropriate box or boxes on the firearm application (STS-033), and indicate how many handgun permits are being applied for.
3. Print or type Firearm application (STS-033). This form must be in duplicate. **Application must be complete and legible.** Do not sign applications at this time. Forms can also be downloaded from www.NJSP.org.
4. Complete the Consent for Mental Health Records Search form (part one only). Do not sign this form at this time.
5. A copy of Alien Registration Card or Citizenship documents is required for applicants not born in the United States.
6. Union Police Department Fees:
 - \$15.00 User Fee. (One time fee)
 - \$5.00 for Firearm Identification Card.
 - \$2.00 for **each** permit to purchase a handgun requested.
 - The above fees must be paid by check or money order made payable to the "Township of Union". Fees can be combined on one check or M.O.
7. After you have completed above steps contact the Licensing Section of the Detective Bureau to schedule an appointment to submit you applications and to be fingerprinted (in-house prints are for comparison purposes only). **DO NOT DROP APPLICATION PACKAGE AT THE FRONT DESK.**
8. Once your application has been processed by the Union Police Dept you will be provided with a "MorphoTrak" application and will be directed to contact this private vendor either by phone or internet to schedule an appointment. MorphoTrak will be responsible for taking fingerprints which will be sent to the FBI and NJ State police for the criminal record check. There will be an additional fee for this which is indicated on the MorhoTrak application. No firearm permits will be issued until the results of the criminal record check are received by the Union Police Dept.
9. A thorough investigation will be conducted with the final decision determined by the Chief of Police. Applicant will be contacted with the outcome when the investigation is completed.

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION FOR A NONCRIMINAL JUSTICE PURPOSE

(TYPE OR PRINT ALL INFORMATION)

COMPLETE NAME AND ADDRESS OF REQUESTING AGENCY

TOWNSHIP OF UNION POLICE DEPARTMENT
981 CALDWELL AVENUE
UNION, NEW JERSEY 07083

ASSIGNED IDENTIFIER (ORI Number)
**DEPT. OF POLICE
UNION, NJ 07083
NJ 0201900**

REQUESTING AGENCY USE ONLY

NAME (Including Maiden Name)

SBI NUMBER (If Known)

(Last Name) (Maiden Name) (First Name) (Middle)

ADDRESS

FBI NUMBER (If Known)

(Number) (Street) (City) (State)

DOB

SEX

RACE

SOCIAL SECURITY NUMBER

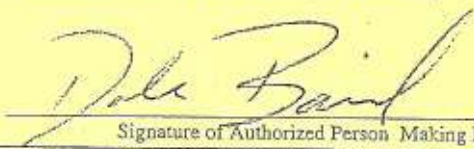
(Month) (Day) (Year)

I certify that I am authorized to receive Criminal History Record Information pursuant to a Federal or State Statute, Rule or Regulation, Executive Order, Administrative Code Provision, Local Ordinance, or Resolution. I understand that the Criminal History Record Information received shall not be disseminated to persons unauthorized to receive the information.

2C:58-3

(Enter the appropriate Statute, Rule or Regulation, Executive Order, Administrative Code, Local Ordinance, or Resolution.)

DETECTIVE DALE BAIRD



Type or Print Name of Authorized Person Making Request

Signature of Authorized Person Making Request

AUTHORIZATION BY SUBJECT OF REQUEST AND PRIVACY ACT NOTIFICATION

Supervisor, State Bureau of Identification: TOWNSHIP OF UNION POLICE DEPARTMENT
981 CALDWELL AVENUE
UNION, NEW JERSEY 07083

I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria, for the above stated Noncriminal Justice Purpose to _____

(Insert name of agency you authorize to receive this information)

Pursuant to the Privacy Act of 1974 (P.L. 93-579), I realize that disclosure of my social security number is **voluntary**. I also realize my social security number will be used by the State Bureau of Identification for the purpose of facilitating the security check authorized by the above referenced authority. Any information released as a result of this authorization, including the furnishing of my social security number, shall be used only for the express purpose of processing the above indicated application.

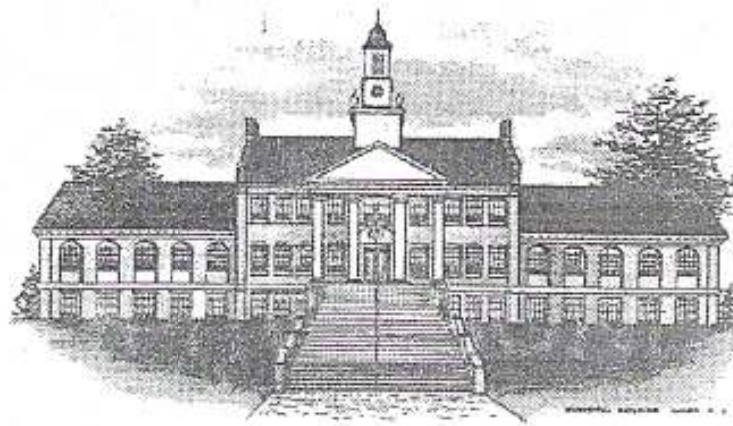
Signature of Applicant

Date



POLICE DIVISION

DANIEL J. ZEISER, *DIRECTOR*
THOMAS KRAEMER, *CHIEF*
981 CALDWELL AVENUE
UNION, UNION COUNTY, NJ 07083
908-851-5000
FAX 908-851-5445



THE TOWNSHIP OF UNION
DEPARTMENT OF PUBLIC SAFETY



FIRE DIVISION

FREDERIC A. FRETZ
CHIEF
1 BOND DRIVE
UNION, UNION COUNTY, NJ 07083
908-851-5420
FAX 908-851-5423

PURCHASE RESTRICTION
ONE HANDGUN PER PERSON

Notice is hereby provided that the law (NJSA 2C:58-3i) restricts a person with a valid handgun permit or valid multiple handgun permits to purchase only one (1) handgun within any thirty (30) day period.

This restriction applies no matter the number of permits a person holds.

I, _____, an Applicant for a handgun permit(s), hereby acknowledge receipt of this Notice and agree to comply with the restriction

signature



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

Form fields for personal information: (1) NAME, (2) SOCIAL SECURITY NUMBER, (3) RESIDENCE ADDRESS, (4) HOME TELEPHONE, (5) DATE OF BIRTH, (6) AGE, (7) PLACE OF BIRTH, (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..., (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..., (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..., (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...

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.
APPROVED
DISAPPROVED
GRANTED ON APPEAL
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.
Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.
APPLICANT: DO NOT WRITE BELOW THIS SPACE
This Day of , 20
Signature Title
Department of Police Municipal Code #

