

LOST OR STOLEN FIREARMS ID CARD

1. CHECK APPROPRIATE BOX ON STS-033 FORM. THIS FORM MUST BE IN DUPLICATE.
2. POLICE REPORT REQUIRED TO DOCUMENT THE LOSS OR THEFT OF ID CARD.
3. COMPLETE CRIMINAL HISTORY RECORD CHECK FORM (SBI 212A)
4. **MONEY ORDER OR CERTIFIED CHECK** REQUIRED FOR \$18.00 MADE PAYABLE TO "**DIVISION OF STATE POLICE-SBI**".
5. COMPLETE TOP PORTION OF MENTAL HEALTH FORM. MUST BE WITNESSED BY A UNION POLICE OFFICER.
6. \$15.00 CASH OR PERSONAL CHECK MADE PAYABLE TO "TOWNSHIP OF UNION POLICE"). ****THIS FEE IS FOR APPLICANTS NEVER FINGERPRINTED BY THE UNION POLICE DEPARTMENT****
7. APPLICANT MUST CONTACT THE LICENSING DETECTIVE (908-851-5030) TO ARRANGE FOR FINGERPRINTING. **DO NOT DROP OFF APPLICATION AT THE FRONT DESK!!**

MUTILATED FIREARMS ID CARD

1. CHECK APPROPRIATE BOX ON STS-033 FORM. THIS FORM MUST BE IN DUPLICATE.
2. TURN IN MUTILATED FIREARMS ID CARD AT THE TIME OF APPOINTMENT.
3. COMPLETE CRIMINAL HISTORY RECORD CHECK FORM (SBI 212A).
4. **MONEY ORDER OR CERTIFIED CHECK** REQUIRED FOR \$18.00 MADE PAYABLE TO "**DIVISION OF STATE POLICE-SBI**".
5. COMPLETE TOP PORTION OF MENTAL HEALTH FORM
6. \$15.00 CASH OR PERSONAL CHECK MADE PAYABLE TO "TOWNSHIP OF UNION POLICE"). ****THIS FEE IS FOR APPLICANTS NEVER FINGERPRINTED BY THE UNION POLICE DEPARTMENT****
7. MUST CONTACT THE LICENSING DETECTIVE (908) 851-5030 TO ARRANGE FOR FINGERPRINTING. **DO NOT DROP OFF APPLICATION AT FRONT DESK!!**

CHANGE OF ADDRESS FIREARMS ID CARD

1. CHECK APPROPRIATE BOX ON STS-033 FORM. THIS FORM MUST BE IN DUPLICATE.
2. TURN IN OLD ID CARD AT THE TIME OF APPOINTMENT.
3. COMPLETE CRIMINAL HISTORY RECORD CHECK FORM (SBI 212A).
4. **MONEY ORDER OR CERTIFIED CHECK** REQUIRED FOR \$18.00 MADE PAYABLE TO "**DIVISION OF STATE POLICE-SBI**".
5. COMPLETE TOP PORTION OF MENTAL HEALTH FORM
6. \$15.00 CASH OR PERSONAL CHECK MADE PAYABLE TO "TOWNSHIP OF UNION POLICE"). ****THIS FEE IS FOR APPLICANTS NEVER PROCESSED BY THE UNION POLICE DEPARTMENT****
7. MUST CONTACT THE LICENSING DETECTIVE (908) 851-5030 TO ARRANGE FOR FINGERPRINTING. **DO NOT DROP OFF APPLICATION AT FRONT DESK.**

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

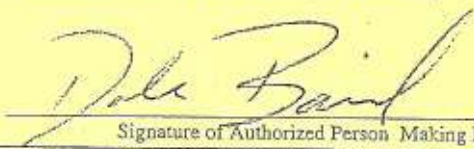
(Month) (Day) (Year)

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



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 #