



Northvale Police Department

Serving Northvale/Rockleigh

William Essmann, *Chief*

FIREARMS APPLICATION PROCEDURE

1. Complete NJSP Firearms Application (STS-33) in its entirety. Be sure to sign and date the form. DO NOT use relatives or employees of the Northvale Police Department as references.
2. Complete Part I of the Consent for Mental Health Records Search (SP-66). This form must be signed in the presence of a Firearms Investigation Officer who will sign as the witness for same.
3. Two reference forms will be completed, signed and notarized and will be submitted along with a photocopy of the reference's driver's license.
4. Contact the Northvale Police at 201-768-5900 to arrange submission of the application to D/SGT Pizzi. You will receive further instruction once the above documents have been submitted.

PLEASE NOTE THAT THE ABOVE PROCEDURE IS REQUIRED FOR ALL FIREARMS REQUESTS LISTED ON FORM STS-33. NO EXCEPTIONS.

Related Fees – Payable upon receipt of Firearms ID card and/or Firearms Purchase Permits:

Firearms Identification Card: \$5.00 check or Money Order payable to the Borough of Northvale

Permit to Purchase a Handgun: \$2.00 per permit check or Money Order payable to the Borough of Northvale



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 \$6.00 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.
(30) Signature of Applicant Date of Application
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)
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 #: *See Privacy Act Notice Below.
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Address: (Number & Street)	(Municipality)	(County)	(State)
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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, including disclosure of the fact that said records may have been expunged, 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 or for the disclosure of the fact of expungement.

Investigating Police Department	Witness (Print Name)
X	Signature of Witness
X	Date
Signature of Applicant	

* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the 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 <i>(Dr.: Provide Medical License #)</i>
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

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.

NORTHVALE POLICE DEPARTMENT

In order for the firearms application to be considered, this form must be returned in a timely fashion to the Northvale Police Department. Please answer questions to the best of your knowledge.

Applicant Name: _____ (Please Print)

1. Has the applicant ever been convicted of a crime or disorderly persons offense? Yes ___ No ___
2. Is the applicant an alcoholic? Yes ___ No ___
3. Is the applicant a habitual drunk? Yes ___ No ___
4. Is the applicant a narcotics user? Yes ___ No ___
5. Does the applicant suffer from any physical defect or illness? Yes ___ No ___
6. Has the applicant ever been confined to a mental institution? Yes ___ No ___
7. Has the applicant ever committed an act of domestic violence? Yes ___ No ___
8. Has the applicant ever been a member of an organization which advocates the overthrow of the U.S.A. or State of New Jersey? Yes ___ No ___
9. How many years have you known the applicant? _____ years
10. To the best of your knowledge is there any reason why the named applicant should NOT be issued a firearms permit or ID card? Yes ___ No ___

If you answered "yes" to any of the above questions, please use the back of this form to explain your answer in detail. This form is to be "notarized" and returned to the Northvale Police Department.

Print Name and Phone Number

Subscribed and sworn to
before me this _____ day of

_____, 2017

Signature of Reference

Date Signed

Notary Public of New Jersey
My Commission Expires _____

Signature of Notary

Print or Type Name of Notary

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