



**STATE OF NEW JERSEY**  
**Initial Application For a Retired Law Enforcement Officer**  
**Permit to Carry a Handgun**



**Part 1 PRINT OR TYPE ALL INFORMATION**

**Applicant:** Complete **ONLY PART 1** of this application and mail entire two page application to NJSP Firearms Investigation Unit - RPO, P.O. Box 7068, West Trenton, NJ 08628-0068. If you reside in New Jersey, enter your municipal code in block 9. If your retirement is a result of service with more than one agency, list the most recent agency information in block 11 and attach a listing of all agencies with which you earned retirement credit. Include full contact information for each agency. Failure to properly complete this application may result in a delay in issuing a permit to carry.

(1) NAME Last First Middle			(2) SOCIAL SECURITY NUMBER		
(3) RESIDENCE ADDRESS Street City State Zip Code				(4) HOME PHONE NUMBER	
(5) DATE OF BIRTH	(6) AGE	(7) PLACE OF BIRTH City State	(8) COUNTY OF RESIDENCE		(9) MUN. CODE NO.
(10) SEX	HEIGHT	WEIGHT	HAIR	EYES	RACE
(11) FORMER LAW ENFORCEMENT EMPLOYER			(12) ADDRESS OF FORMER EMPLOYER		
(13) FORMER EMPLOYER'S PHONE NO.		(14) DRIVER'S LICENSE NUMBER & STATE		(15) SBI NUMBER	
(16) Have you ever been convicted of any domestic violence offense 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 deadly weapon? If yes, explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
(17) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
(18) Have you ever been adjudged a juvenile delinquent? If yes, list date(s), place(s), and offense(s).					<input type="checkbox"/> Yes <input type="checkbox"/> No
(19) Have you ever been convicted of a disorderly persons offense in New Jersey or any criminal offense in another jurisdiction where you could have been sentenced up to six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and offense(s).					<input type="checkbox"/> Yes <input type="checkbox"/> No
(20) Have you ever been convicted of a crime in New Jersey or a criminal offense in another jurisdiction where you could have been sentenced to more than six months in jail that has not been expunged or sealed? If yes, list date(s), place(s) and crime(s).					<input type="checkbox"/> Yes <input type="checkbox"/> No
(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? If not, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(23) Are you an alcoholic?		(24) 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? If yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(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 or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? If yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, permit to carry a handgun or any other firearms license or application refused or revoked in New Jersey or any other state? If yes, explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
(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, either to overthrow the Government of the United States or of this State, or which seeks to deny others their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s).					<input type="checkbox"/> Yes <input type="checkbox"/> No
(29) SIGNATURE OF APPLICANT			The disclosure of my Social Security number is voluntary. Without this number, the processing of my application may be delayed. This number is used for document tracking purposes only and is considered confidential.		(30) DATE OF APPLICATION

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

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**Part 2** **APPLICANT: DO NOT WRITE BELOW THIS LINE**

**THIS PART IS TO BE COMPLETED BY THE FORMER EMPLOYER .**

The Superintendent of State Police, Chief of Police or the Chief Law Enforcement Officer will certify the above portion of the retired police officer's application for a permit to carry a handgun in accordance to N.J.S. 2C:39-6L(2).

Name of Police/Law Enforcement Agency: \_\_\_\_\_

Applicant's Date of Hire: \_\_\_\_\_ Applicant's Date of Retirement: \_\_\_\_\_

Did the Applicant Retire in Good Standing:  Yes  No

Did the Applicant Retire on a Disability Retirement?  Yes  No If yes, did the applicant's disability retirement include a certification that the applicant was mentally incapacitated for the performance of his or her usual law enforcement duties and any other available duty in the department which you were willing to assign him or her?  Yes  No

I, \_\_\_\_\_, indicated by my signature below, certify to the reasonable knowledge as the chief law enforcement officer of the agency which employed the retired law enforcement officer listed on this application, the applicant is not subject to any mentally incapacitating disabilities, or any of the disabilities or restrictions set forth in subsection c. of N.J.S. 2C:58-3.

\_\_\_\_\_  
*Signature of Superintendent of State Police/Chief of Police or Chief Law Enforcement Officer*

\_\_\_\_\_  
*P.D. Municipal Code*

**LIST ALL HANDGUNS KNOWN TO BE REGISTERED TO APPLICANT (If more space is needed, attach bond paper.)**

MAKE	MODEL	SERIAL #	CALIBER

**Processing Police Agency:** Upon completion of this portion of the application, mail to NJSP Firearms Investigation Unit- RPO, P.O. Box 7068, West Trenton, NJ 08628-0068.

**Part 3** **STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

Approved  Disapproved *Specify* \_\_\_\_\_

Granted on Appeal *Specify* \_\_\_\_\_

Permit No. \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

Date Documents Forwarded:

To Applicant \_\_\_\_\_ To Police Dept. \_\_\_\_\_

\_\_\_\_\_  
*Signature of Superintendent of State Police (Affix Seal Here)*