



# STATE OF NEW JERSEY CERTIFICATE OF ELIGIBILITY

(This form must be completed for each transfer of a Shotgun, Rifle, including black powder or BB Rifle)



### Part 1: This section must be completed by the transferor (seller or giver) of the firearm.

Make of Firearm: \_\_\_\_\_ Action: \_\_\_\_\_  
Pump, Lever, Semi-Automatic, Bolt etc.

Model of Firearm: \_\_\_\_\_ Caliber or Gauge: \_\_\_\_\_ Serial #: \_\_\_\_\_

Name of Transferor (or Dealer Employee): \_\_\_\_\_  
Last First MI

Dealer Name (if applicable): \_\_\_\_\_ Dealer's State License Number: \_\_\_\_\_

Address of Transferor: (Dealer: list your licensed location)  
\_\_\_\_\_  
Street Town/City State Zip Code

Transferor's Firearms I.D. Card Number: \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

### Part 2: This section must be completed by the person receiving (receiver of) the firearm.

Name of Receiver: \_\_\_\_\_  
Last First MI Telephone Number

Address: \_\_\_\_\_  
Street Town/City State Zip Code

Date of Birth: \_\_\_\_\_ Firearms Purchaser I.D. Number: \_\_\_\_\_

- 1) Have you ever been convicted of a crime that has not been expunged or sealed? .....  Yes  No
- 2) Are you subject to any court order prohibiting you from possessing firearms? .....  Yes  No
- 3) Are you subject to any court order issued pursuant to Domestic Violence?

**NOTICE:** If you have had a **Final Restraining Order** issued against you within the last two years, you must answer "Yes" and are ineligible to possess a firearm. The period of ineligibility is two years from the date of issuance of the Final Restraining Order or the date it was dismissed whichever is longer: .....  Yes  No

- 4) Have you ever been convicted of a disorderly persons offense or its equivalent, in any jurisdiction, involving an act of domestic violence that involved the offense(s) of (1) Simple Assault (2) False Imprisonment (3) Lewdness (4) Criminal Trespass or (5) Harassment that has not been expunged or sealed? .....  Yes  No
- 5) Are you an alcoholic? **NOTE: A recovered alcoholic may answer no to this question.** .....  Yes  No
- 6) Are you dependent upon the use of any narcotic or other controlled dangerous substance? .....  Yes  No
- 7) Do you suffer from any physical defect or sickness which makes it unsafe for you to handle firearms? .....  Yes  No
- 8) Since the issuance of your firearms I.D. card, have you been confined for a mental disorder? .....  Yes  No
- 9) 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? .....  Yes  No
- 10) Are you a fugitive from justice? .....  Yes  No

11) What is your State of residence? \_\_\_\_\_ **If other than NJ, this transfer must go through a licensed firearms dealer.**

\_\_\_\_\_  
*Signature of Transferor*  
Should you have any questions in completing this form, contact the Fire-  
arms Investigation Unit, New Jersey State Police, P.O. Box 7068, West  
Trenton, NJ 08628-0068 (609) 882-2000 Ext. 2060 or 2061.

Questions 1 - 10 must be answered "no" for the transfer of the firearm to proceed.  
A person who answers "yes" to any question is not eligible to receive a firearm.

\_\_\_\_\_  
*Signature of Receiver*  
I hereby certify that the answers given on this form are complete, true  
and correct in every particular. I realize that if any of the foregoing an-  
swers made by me are false, I am subject to punishment.

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

**White copy is to be retained by the transferor pursuant to N.J.S.A. 2C:58-3b.  
Yellow copy is to be retained by the receiver.  
If internet form, make and sign two copies.**