

## Firearms Applications- Effective January 5, 2012

As per N.J.S.P:

Fill out-

1. Application For Firearms Purchaser Identification Card and Handgun Purchase Permit (S.T.S 033). Fill out entire form. **Do Not Forget to Sign the Form.**
2. Fill out Valley Hospital Medical Release Form and The NJ State Police Consent for Mental Health Records Search Form (SP-66). **Do Not Forget to Sign the Form.**
3. **Only Complete the Yellow Form if you already have a Firearms Identification Card and an SBI Number.**

### Fees: (NO CASH WILL BE ACCEPTED)

- A. Firearms Identification Card- \$5.00 check or money order, payable to, "Borough of Ramsey"
- B. Permit to Purchase a Handgun- \$2.00 check or money order for each permit, payable to "Borough of Ramsey"
- C. Fingerprinting - The Ramsey Police Department now uses an outside agency, MorphoTrak, for fingerprinting. **ALL FEES AND COSTS associated with fingerprinting will be collected by MorphoTrak. Once your application is turned in you will be provided with a form and instructions for getting fingerprinted.**
- D. *If you have been fingerprinted within the previous 12 months no fees are required. If more than 12 months have elapsed, submit a certified check or money order for \$18.00 made payable to "Division of State Police-S.B.I", along with a completed SBI 212A form (Yellow Form). **THESE FEES are collected by the Ramsey Police Department and forwarded to the NJ State Police with your form.***

### Related Items to be provided by applicant:

- A. Two (2) #10 Business size envelopes addressed by the applicant to his/her personal references.
- B. Ten (10) first class postage stamps.

Prior to handing your application in you will need to make an appointment with a member of the Firearms Application Investigation Unit. **Any applications that are not properly filled out will be returned for correction.**

**Processing:** Processing of fingerprints, by the N.J. State Police and the Federal Bureau of Investigation is an essential part of the investigation, and unfortunately at times, presents a relatively long waiting period. At the present time, a period of approximately 12 weeks should be expected. You will be notified by phone when your application items are completed and ready for pick-up. Please bring positive identification with you when picking them up.



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:

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...
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
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 Number:
Address: (Number & Street)	(Municipality)	(County)	(State)

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 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. 20:58-3. I understand that copies of this authorization shall be considered sufficient authorization for the release of records.

**RAMSEY POLICE DEPARTMENT**  
25 NORTH CENTRAL AVENUE  
RAMSEY, NEW JERSEY 07446  
**FIREARMS APPLICATIONS**

Investigating Police Officer: \_\_\_\_\_ Witness: \_\_\_\_\_

X  
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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.

### 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
County Adjuster's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Institution or Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

### 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
_____	_____ to _____	_____ to _____	_____
_____	_____ to _____	_____ to _____	_____

**THE VALLEY HOSPITAL**  
Ridgewood, New Jersey

**AUTHORIZATION FOR RELEASE OF PATIENT RECORDS & INFORMATION**

I, \_\_\_\_\_, born on \_\_\_\_\_  
(Name of Patient) (Date of Birth)

do hereby consent and authorize The Valley Hospital to disclose to:

\_\_\_\_\_ located at \_\_\_\_\_  
(Name, Title, or Organization)

\_\_\_\_\_ (Address)

the following type of information from the hospital records:

\_\_\_\_\_ (e.g., identify, diagnosis, prognosis and treatment)

and the purpose or need for this disclosure is \_\_\_\_\_

I understand that I have the right to revoke this Authorization at any time. I understand that in order to revoke this Authorization, I must do so in writing and present my written revocation to the Privacy Officer at The Valley Hospital, 223 North Van Dien Avenue, Ridgewood, N.J. 07450. I understand that the revocation will not apply to information that has already been released in response to this Authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this Authorization will expire on the following date, event, or condition: \_\_\_\_\_

Please indicate type of record(s) requested  
and approximate date(s) of service

Inpatient ( ) \_\_\_\_\_  
Date(s)

\_\_\_\_\_ Date

Outpatient ( ) \_\_\_\_\_  
Date(s)

Emergency Room ( ) \_\_\_\_\_  
Date(s)

\_\_\_\_\_ Patient's Signature

Clinic ( ) \_\_\_\_\_  
Date(s)

\_\_\_\_\_ Parent/Legal Guardian or  
Authorized Representative

Type of Outpatient Test:

\_\_\_\_\_

\_\_\_\_\_ Witness to Signature(s)

If it is determined by the hospital that your records are protected by Federal or State law and regulations concerning confidentiality of alcohol and drug abuse patient records, the diagnosis and treatment of AIDS, HIV infection or HIV related illness; the following note will be attached to the information sent to the recipient.

**NOTE to Recipient of Information:** This information has been disclosed to you from records protected by Federal or State confidentiality rules (42 CFR § 2.1 *et seq.*; N.J.S.A. 26:5c-1 *et seq.*) Federal or State rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR § 2.1 *et seq.* or N.J.S.A. 25:5c-1, *et seq.* A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal or State rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.