

*Department of Police  
Borough of Upper Saddle River  
County of Bergen, State of New Jersey  
Incorporated 1894*

Patrick A. Rotella  
Chief of Police

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## **Firearms Packet for Existing ID Card Holder**

The following packet is to be used if you are, or have previously been the owner of a Firearms Identification Card and are applying for any of the following reasons:

*LOST OR STOLEN IDENTIFICATION CARD - MUTILATED IDENTIFICATION CARD*

*CHANGE OF ADDRESS - CHANGE OF SEX - CHANGE OF NAME*

*APPLICATION TO PURCHASE A HANDGUN*

The State Police requires a criminal history background check for persons who already hold a firearms identification card and are applying for any of the above listed reasons.

**You must submit the following items:**

- State Form STS-033 (State of New Jersey Application Form) indicating number of permits requested
- State Form SP-66 (Consent for Mental Health Records Search)
- Must show a valid form of NJ Identification or Drivers License
  
- **\*\*\*\*\*ONLINE\*\*\*\*\*** Form 212A (Request for Criminal History Record Information) **\*\*\*\*\*ONLINE\*\*\*\*\***
  - ON LINE: \$20 Charge, go to <https://www.njportal.com/njsp/criminalrecords/>
    - ORI Number is NJ0026300 - Choose option NJS 2C:58-3. Firearm Licensing

**If applying for a purchase permit you must also submit:**

- \$2.00 (per permit) personal check or money order made payable to the Borough of Upper Saddle River

Handgun permits are only valid for 90 days from the time of issuance. A 90 day extension can be granted by the Chief of Police.

**A complete application including all required paperwork and fingerprints\* are necessary for your application to be processed.**

\*Online 212A form (for existing card holders)

When your paperwork is ready, the applicant must appear in person with identification, as they are required to sign the permit prior to receiving same.

2C:58-3i - A person may not purchase more than one handgun within a 30-day period. A list of exemptions allowing the purchase/exchange of more than one handgun can be provided by the firearms officer upon request.

**THE POLICE DEPARTMENT WILL CONTACT YOU WHEN YOUR PERMIT/IDENTIFICATION CARD IS READY.**

Any questions or problems may be referred to Det. Tara Kilduff

Most firearm forms and frequently asked questions are now available on the following web site:

<http://www.state.nj.us/njsp/about/firearms.html>

ALL FORMS MUST BE SIGNED IN PERSON AT POLICE HEADQUARTERS AND WITNESSED BY POLICE PERSONNEL



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..., (27) Have you ever had a firearms purchaser identification card..., (28) Are you presently, or have you ever been a member of any organization..., (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 #



# 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)

<b>Name:</b> (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)

**ADDRESS 2:** Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_  
(Number & Street) (Municipality) (County) (State)

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. 2C:58-3. **I understand that copies of this authorization shall be considered sufficient authorization for the release of records.**

Investigating Police Department	Witness (Print Name)
<b>X</b>	Signature of Witness
<b>X</b>	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 <small>(Dr.: Provide Medical License #)</small>
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 <small>(mo/day/yr)</small>	DISCHARGE <small>(mo/day/yr)</small>	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
		to	
		to	

*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](http://www.njsp.org/info/forms.html).*