

# Hawthorne Police Department

## Firearms Applicant Guidelines

### Directions for applicants who possess a Firearms ID Card and are requesting Handgun Permits

Applications can be picked up and returned to Police Headquarters Monday thru Friday 8 AM to 10 PM or Saturday 8 AM to 6 PM.

Applications can also be completed online at: [www.njsp.org](http://www.njsp.org)  
Click on Services → Firearms → Forms to Download

All applications and related forms for Firearms can be completed online, however must still be printed and returned to Hawthorne Police Headquarters.

To apply you must be 21 years old or older AND must provide the following:

- 1) An Application for Firearms Purchasers Identification Card / Application to Purchase a Handgun must be completed in full, listing two (2) references (not relatives), including their name, full address and telephone number.

\*\*\* Please indicate the number of permits you are applying for.

New Jersey Law states that you may only use one (1) permit every thirty (30) days, however you may apply for as many permits as you like.

- 2) Complete SBI 212A form and pay online at <https://njportal.com/njsp/criminalrecords/>  
(See Instruction Page attached)
- 3) The top portion of the Consent for Mental Health Records Search Form must be completed and must be signed.
- 4) A **Photo ID** is required when you are contacted to pick up your completed Firearms ID Card and / or Pistol Purchase Permit to confirm your identity.

Additional Fees Apply and can only be paid at Police Headquarters by check or money order.

Firearms ID Card - \$ 5.00

Permits - \$ 2.00 each



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

(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 (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... Yes No

(17) Are you subject to any court order issued pursuant to Domestic Violence? Yes No

(18) Have you ever been adjudged a juvenile delinquent? Yes No

(19) Have you ever been convicted of a disorderly persons offense in New Jersey... Yes No

(20) Have you ever been convicted of a crime in New Jersey... Yes No

(21) Do you suffer from a physical defect or disease? (22) If answer to question 21 is yes... Yes No

(23) Are you an alcoholic? (24) Have you ever been confined or committed to a mental institution... Yes 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... Yes No

(27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun... Yes 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... Yes No

(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives:

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# 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)		<b>Date of Birth:</b> (Month, Day, Year)	<b>Social Security Number:</b>
<b>Address:</b> (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. 2C:58-3. I understand that copies of this authorization shall be considered sufficient authorization for the release of records.*

Investigating Police Department \_\_\_\_\_ 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 _____	_____

*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).*

**\*\*NEW PROCEDURE\*\***

**Division of State Police**

**Online 212a – Criminal Records Check**

All Applicants who possess a Firearms ID Card must complete a 212a Criminal Name Check Application. This application must be completed and paid for online. Once completed, the Application will be electronically submitted to Hawthorne Police for approval then forwarded to the New Jersey State Police SBI Unit.

This process will decrease the wait time associated with mailing items and waiting for responses.

You must complete the application at:

<https://www.njportal.com/njsp/criminalrecords/>

When prompted for ORI number you must enter **NJ0160400**

Complete the application (**ONLINE FORM 212A – Highlighted in lower left side of page**), pay the fee using a credit or debit card and submit the application electronically.

**\*\*** If rejected by the Police Department you will receive an email advising you of the reason for the rejection.