



**BOROUGH OF BELMAR, NEW JERSEY  
OFFICE OF CHIEF OF POLICE**

601 Main Street, P.O. BOX A  
Belmar, NJ 07719



**Andrew Huisman  
CHIEF OF POLICE**

**Tel: (732) 681-1700  
Fax: (732) 681-7470**

**INSTRUCTIONS FOR FIREARMS APPLICANTS**

1. Must completely fill out all forms. (Firearms Application, Questionnaire, Mental Health, Reference Letters)
2. Fingerprinting must be completed with MORPHOTRUST USA for all first time applicants.

New applicants must follow the directions for fingerprinting on the MorphoTrust USA form. Once fingerprints have been taken, MorphTrust will give you a receipt.

New applicants will be able to make an appointment with the Belmar Police Detective Bureau by calling 732-681-3715, extension 2, after they have a receipt from MorphTrust.

New applicants need \$5.00 cash, check, or money order made payable to the Borough of Belmar for the Firearms ID card and \$2.00 for each hand gun permit.

For shotguns and rifles only a firearms ID card is needed to purchase.

Applicants that already have firearms ID card, and are requesting handgun permits or change of address need to complete the application, questionnaire, mental health form, reference letters, and the NJSP 212A online name check. Please see additional document on how to complete the online name check process. Once you have all forms filled out and confirmation and receipt from the 212A online form, please call the Detective Bureau at 732-681-3715, extension 2, to make an appointment.

## Request for Criminal History Record

### Applicant Renewal Only

Belmar Police Department will provide you with your nine digit Originating Agency Identification Number (ORI)

**Belmar Police ORI Number: NJ0130700**

Applicant should to log on to: <https://www.njportal.com/njsp/criminalrecords/>  
*Click on the **ON LINE FORM 212A**, a highlighted block located on the lower left side of the page.*

The applicant will follow the prompts for demographic information. Select the following from the pull down menu on the "Filing Information Page".

For Firearms applicants select "NJS 2C:58-3. Firearms Licensing"

*Firearms applicants are required to provide the SBI#, located on your firearms ID card.*

For ABC employment, Taxi applicants, Vendors, etc., select "Local Ordinance".

*In the description box indicate your employer and job title.*

Upon completion of the form and payment transaction the applicant will receive an email Confirmation & Receipt that will include a confirmation number.

*Print for your records.*

At this time the request will be forwarded to the Police Department's work queue for approval and submission to the NJ State Police for processing.

The applicant can find out more information by clicking on the **HELP TAB**, located on the top right side of the page.



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:

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...

APPROVED IDENTIFICATION CARD/PERMIT NUMBER(S)
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)

Name: (Last, Maiden, First, MI) \_\_\_\_\_ Date of Birth: (Month, Day, Year) \_\_\_\_\_ Social Security #: \*See Privacy Act Notice Below. \_\_\_\_\_

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, including disclosure of the fact that said records may have been expunged, 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 or for the disclosure of the fact of expungement.

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

Witness (Print Name) \_\_\_\_\_

**X**  
Signature of Witness \_\_\_\_\_

**X**  
Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the 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  
(Dr.: Provide Medical License #)

Yes  No  Expunged

County Adjuster's Office \_\_\_\_\_

Yes  No  Expunged

Institution or Doctor \_\_\_\_\_

## 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).



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Belmar Police Department  
Firearms Investigation Questionnaire

Answer every question below, to the best of your ability. If the the answer is not known, write "Unknown". If the question does not apply, write "DNA". If there is not sufficient room, use the back of the page.

Applicant Name, Address, and Phone #:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How long have you been at your current address? If less than five years, list all previous addresses, excluding military or college. \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever been known by any other name, other than the one listed on the application? If yes, list names, (including nicknames) and reason for the change. \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever served in the armed forces, of any country? If so list country, branch, years served, and type of discharge. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you have experience in the safe handling of firearms? If so, where does your experience come from? (e.g. military, firearms safety course, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been involved in an investigation of Domestic Violence, convicted of any Domestic Violence offense, or been subject to any protection orders as the result of a Domestic Violence incident? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever applied for a Firearms Purchaser ID Card or Permits to Purchase a handgun, and had that application denied? If so, which municipality and what was the reason for the denial? \_\_\_\_\_  
\_\_\_\_\_



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7. Have you had any convictions for DWI within the past five years? If so, list the dates and locations of convictions. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. Where and how do you intend to store your firearm (s)? \_\_\_\_\_  
 \_\_\_\_\_
  
9. If you are purchasing a firearm, what make and models do you intend on buying and for what reason? \_\_\_\_\_  
 \_\_\_\_\_
  
10. List below all of the firearms you currently own/ possess. List them by make, model caliber, and serial number. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing below, I attest that I have answered all previous questions truthfully and to the best of my ability.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



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REFERENCE QUESTIONNAIRE FOR FIREARMS INVESTIGATION

Applicant name, Address & Phone #

Reference Name, Address & Phone #

The above listed applicant provided your name as a reference. Please answer YES or NO to the questions below and return it as soon as possible.

1. Are you related to the applicant? \_\_\_\_\_
2. Have you ever known the applicant to have been convicted of a crime or disorderly persons offense? \_\_\_\_\_
3. Have you ever known the applicant to have had any Domestic Violence issues? \_\_\_\_\_
4. Have you ever known the applicant to excessively drink alcoholic beverages? \_\_\_\_\_
5. Do you know the applicant to be a drug dependent person? \_\_\_\_\_
6. Do you know the applicant to suffer from any physical condition that would prevent them from safely handling a firearm? \_\_\_\_\_
7. Have you ever known the applicant to have been confined or committed to an institution or to have been treated by a doctor for any mental or psychiatric condition? \_\_\_\_\_
8. Do you have any reason to question the moral turpitude or general character/ reputation of the applicant? \_\_\_\_\_

If you answered YES to any question or have any other information you would like to provide, please explain on the back of this page.

I, the above named reference, have read and answered the above questions truthfully and to the best of my ability. I do not contest the issuance of a firearms ID Card and/ or permits, unless mentioned on the back of this page.

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date





By MorphoTrust USA

# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) <b>NJO130700</b>		(2) Category <b>FIR</b>		(3) Statute Number <b>2C:58-1 THRU 4.1</b>	
(4) Reason for Fingerprinting <b>FIREARMS LICENSING</b>			(5) Document Type <b>B1</b>		(6) Payment Information <b>\$52.69</b>
(7) Contributor's Case # (Unique Identifier)				(8) Miscellaneous	
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) - ( )		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White ( Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip
<b>Identification Requirement</b> - Acceptable Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

**Please READ This Form Carefully:**

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.69) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.69) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: <b>BELMAR PD</b>		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**