



James A. Broderick  
Chief of Police

Philip Meehan  
Deputy Chief

## *Hazlet Township Police Department Special Services Division*

255 Middle Road  
Hazlet, New Jersey 07730  
(732) 264-6565  
(732) 264-0763 Ext 116



Robert L. Dispenza  
Special Services

### **Firearms Applicant Instructions for Record Check**

- 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.
- Enter ORI# **NJ0133900**
- Follow the prompts for demographic and payment information (\$20.00)
- Check off **FIREARMS 2C:58-3**
- Upon completion you will receive an email Confirmation and Receipt that will include a confirmation number.
- More detailed information can be found by clicking on the Help Tab, located on the top right side of the page.

**PLEASE USE PRINT BUTTON ON TOP RIGHT OF  
PAGE 3 AFTER COMPLETING APPLICATION.**



## Hazlet Township Police Department

255 Middle Road  
Hazlet, New Jersey 07730  
(732) 264-6565  
Fax: (732) 739-0957



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### FIREARMS APPLICATION PROCESS

All forms can be found online at [www.njsp.org](http://www.njsp.org) under drop down menu services. Click on forms to download. You will find the following: Application for Firearms Purchaser Identification Card/Application to Purchase a Handgun (STS-33) and Consent for Mental Health Records Search (SP-66) On right go to drop down PUBLIC INFORMATION then FIREARMS INFORMATION.

#### **For Initial Firearms Purchaser Identification Card**

**(2) Two original Applications (form STS-33) for Firearm's Purchaser Identification Card/Purchase a Handgun forms.** Check appropriate boxes on form. You must print out two copies and sign both. Forms may be filled out on-line and printed. (print two copies) The forms may also be typed or handwritten as long as you have two originals.

**(1) One original Consent for Mental Health Records Search (form SP-66).** The form must be completed by the applicant. When you bring back your completed application an officer from this department will be the Witness on this form.

**MorphoTrust form for fingerprinting.** This form will be assigned to you at Hazlet Police Headquarters upon turning in your completed firearms application paperwork.

#### **Permit for Application to Purchase a Handgun or ID card change of address only.**

(If you already have a Firearm's Purchaser ID Card)

**(2) Two original Applications (form STS-33) for Firearm's Purchaser Identification Card/Purchase a Handgun forms.** Check off Application to Purchase a handgun on the form and indicate the number of permits. You must print out two copies and sign both. Do not make a photocopy of one form. Forms may be filled out on-line and printed. (print two copies) The forms may also be typed or handwritten as long as you have two originals.

**(1) One original Consent for Mental Health Records Search (form SP-66).** The form must be completed by the applicant. Please sign your application and an official from this department will be the Witness on this form.

**(1) NJSP Record Check.** An instruction sheet will be provided to you for this process. You will need a computer to sign on to the State Police Criminal Record Check web page to complete this phase. The fee for this process is \$20.00 and is paid during this computer application process. **(The yellow hand written sheet used in the past is no longer accepted by the NJSP.)**

#### **Hazlet Township Fees are as follows:**

- **Initial Firearm's Purchaser Identification Card \$5.00**
- **Permits to Purchase a Handgun \$2.00**

**Any questions please contact Special Services Division:**

- **Robert Dispenza 732-264-0763 extension 116**



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...
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
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) **Hazlet Township** (County) **Monmouth** (State) **NJ**

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.

**Hazlet Township Police Fax 732-264-0957**  
Investigating Police Department

**Robert L. Dispenza**  
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 #)
_____ 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 (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	_____	_____
_____	_____	_____	_____



By MorphoTrust USA

# New Jersey Universal Fingerprint Form

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

(1) Originating Agency Number (ORI #) <b>NJ0133900</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>\$52.70</b>
(7) Contributor's Case # (Unique Identifier) <b>Case # will be assigned once forms are reviewed at police headquarters</b>				(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 <u>time of printing</u> . 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, 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 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 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>HAZLET TWP 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**

IDG\_NJAPP\_020115\_V2