



**CITY OF LONG BRANCH
POLICE DEPARTMENT
344 BROADWAY
LONG BRANCH, NJ 07740
(732) 222-1000**

FIREARMS APPLICANT REFERENCE

From: Long Branch Police Department Date: _____
 To: _____
 Address: _____
 City/State/Zip: _____
 Phone No.: (____) _____
 Mr. / Mrs. _____ has filed:

New Jersey Purchaser's Identification Card Application
 Application to Purchase a Handgun
 Application for Permit to Carry a Handgun
 Application for N.J. Firearms ID Card

The applicant has listed you as a reference and the Long Branch Police Department requires the following information from you in order to process his/her application. The information you provide is for "official use only" and will be kept confidential. A detective from this agency may also be in contact with you personally and will ask you questions about the applicant. Please fill in the below information *completely*. If the response to any of the questions on this form is in the affirmative, please explain the details if more space is needed please use the back of form and/or another piece of paper. It must be emphasized that in order for the Firearms Application to be considered, this form must be returned to the Long Branch Police Department at the above address as soon as possible.

Applicant's residence: _____

Year's known to the applicant: _____ Your association: _____
Relatives not permitted

To your knowledge, has the applicant ever been arrested? Yes No

To your knowledge, has the applicant ever been involved in incidents of Domestic Violence? Yes No

Is the applicant currently employed? Yes No Has he/she ever been terminated? Yes No

Is the applicant a narcotics user and possibly addicted to any? Yes No

Explain:

Is the applicant a habitual drunk? Yes No

Explain:

Does the applicant consume alcoholic beverages?

Excessively Moderate Never Unknown (CHECK ONE)

To your knowledge, does the applicant suffer from any physical defect or illness or is undergoing any medical treatments? Yes No

Explain:

Is there any knowledge of medication abuse? Yes No

Explain:

Has the applicant ever been a member of any organization, which advocates the overthrow of the U.S. or the State of NJ? Yes No

Explain:

To your knowledge, is there any reason the applicant (if approved for this application) would be a danger to themselves or others? Yes No

Explain:

Does the applicant reside with their significant other or alone? Alone With Significant Other

Please list any other residents 18 years of age or older, if any.

Do you have any knowledge of any domestic violence or other significant difficulties the applicant may have in relationship with his or her immediate family, a significant other or anyone living with the applicant, which may give cause for concern, given that a firearm or ammunition may be available in the household?

Yes No

Explain:

Is the applicant capable of handling a firearm? (Not a yes or no answer, please explain)

Has the applicant resided in any other jurisdiction in New Jersey or out of the state of New Jersey?

Yes No

If yes, please list City and State:

Is there any reason why you think the applicant *should not* be approved for a Firearms Purchasers Identification Card or Permit? Yes No

Comments:

Your Name: _____,

Phone # (____) _____

Current Address: _____

Town: _____

State: _____

I hereby certify that I have answered all the above truthfully and understand that if any are found to be otherwise, the application may be rejected, and I may be charged criminally & fines may result.

Signature: _____

Dated: ____/____/____

****Please return via fax or US Mail within 7 business days upon receipt of this document.****