



# INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR A PERMIT TO CARRY

*Falsification of information on any of the firearms applications, in violation of N.J.S.A. 2C:39-10c, is a third-degree crime and may result in criminal charges against you.*

## 1. Application - State of NJ Application for Permit to Carry Form (SP-642)

- a. The application needs to be completed LEGIBLY in its entirety. You will need to print out the proper form (Application for Permit to Carry a Handgun – SP 642). It is recommended you complete all paperwork on your computer (typed), printed, and then signed (in the presence of a Notary Public – references can pre-sign the application and do not need to be present for this). This reduces delays caused by illegible handwriting.
- b. Original application MUST be DOUBLE SIDED AND NOTARIZED.

## 2. Consent for Mental Health Records Search Form (SP-66)

- a. Complete Part I of this form in duplicate (2 ORIGINAL forms). (does not need to be notarized)
- b. **\*\*DO NOT SIGN! \*\*** The forms must be signed and dated in the presence of the investigating officer.

## 3. Four completed Reference letters. References must NOT be related and must know the individual for more than 3 years from the date of application. References will need to return their completed letters to you and you must attach the completed letters to your application. (these do not need to be notarized)

## 4. Qualification Certificate/Proof of Safe Handling of Firearms from a certified Firearms Instructor of a Police Academy OR NRA Firearms Instructor for EACH handgun you intend to carry. You must include the Instructors name and their Certification along with the Make, Model and Serial # for each handgun. **Dated within six (6) months of submitting the application and PROOF OF OWNERSHIP** (purchaser permit/receipt or notarized letter of ownership).

## 5. Obtain a \$50.00 Money Order made out to: **State of New Jersey – Treasurer.** And a \$150 Money Order made out to: **Borough of Point Pleasant Beach.**

## 6. Obtain TWO (2) Passport Color Photos (approx. 1½ X 1½) \*Print your name on the back of each photo

## 7. Fingerprints by IdentoGo, EVEN IF you have been fingerprinted previously for Firearms.

- a. Applicants **MUST** contact the Firearms Investigation Unit at 732-892-0500 ext. 173 and request a Case Number **PRIOR** to setting an appointment with IdentoGo for fingerprints
- b. The fee for the fingerprinting service is due to IdentoGo at the time of your fingerprinting appointment.
- c. Include the IdentoGo payment receipt for fingerprints to your firearms application for submission.

## 8. Once your fingerprints are completed, reference letters received and all paperwork is properly completed, you will need to contact the Firearms Investigation Unit at (732) 892-0500 ext. 173 to set up an appointment for your interview to submit your application and sign your Mental Health Records Search Form. Walk-ins **WILL NOT** be accepted.

- a. Prepare to bring to your appointment: EVERYTHING listed above and your NJ driver's license + Birth Certificate **OR** NJ driver's license + passport.

**Failing to adhere strictly to these instructions will result in a delay in the submission of your application.**

*(Improperly prepared applications will not be accepted or processed)*

- A witness for your Mental Health Records form is not necessary as the investigation officer will sign as the witness when the applicant signs the form.
- If you have lived outside of NJ within the last 10 years an additional Mental Health Records Search form will need to be sent to that state (if applicable).
- The required written firearms qualification in accordance with N.J.A.C. 13:54-2.4(B), can be obtained at most firearms ranges throughout the State. A list of these ranges is also available via the NJSP website:  
<https://nj.gov/njsp/firearms/shooting-ranges.shtml>.
- All forms included in this packet are fillable. It is RECOMMENDED that ALL the fillable fields be TYPED. Illegible handwriting WILL cause delays in processing your application.
- YOUR PERMIT WILL EXPIRE TWO YEARS FROM THE DATE IT WAS ISSUED. YOU WILL NOT BE NOTIFIED BY US TO COME IN FOR A RENEWAL - THAT IS **YOUR** RESPONSIBILITY.
- IF YOUR PERMIT EXPIRES YOU CANNOT CARRY A HANDGUN IN NEW JERSEY.

# Fingerprinting Instructions

- You **MUST** schedule your fingerprint appointment using this link:

<https://uenroll.identogo.com/workflows/2F164B>

- You will need following information to schedule your fingerprint appointment:

Service Code: **2F164B** (required only if you don't use the above link)

Originating Agency Number (ORI): **NJ0152500** – POINT PLEASANT BEACH

Case #: \_\_\_\_\_

The case number will be issued to you **AFTER** you make contact with Firearms Investigation Unit (732) 892-0500 ext. 173

- You **MUST** provide:

- A copy of your Driver's License and Phone Number.

The Identogo receipt you receive at the time of prints shall be submitted along with your application.



# Point Pleasant Beach Police Department

416 New Jersey Avenue  
Point Pleasant Beach, NJ 08742



ROBERT J. KOWALEWSKI  
CHIEF OF POLICE

## FIREARMS APPLICANT REFERENCE

Mr. / Mrs. \_\_\_\_\_ has filed an application with the Point Pleasant Beach Police Department for a **Permit to Carry a Firearm**. The applicant has listed you as a reference, and the Point Pleasant Beach 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 the Point Pleasant Beach Police Department may also be in contact with you to ask you questions regarding the applicant.

**Please Fill-in ALL information below completely**

Applicant's residence: \_\_\_\_\_

Years known to the applicant: \_\_\_\_\_ Your association: \_\_\_\_\_

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

To your knowledge, has the applicant ever been an abuser of alcohol or other illicit substance?  Yes  No

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

If yes, please explain: \_\_\_\_\_

To your knowledge, has the applicant ever been treated for mental or psychiatric condition?  Yes  No

Is there any reason why you think the applicant should not be approved for this application?  Yes  No

If yes, please explain (Please use the next page if additional space is required): \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Email Address: \_\_\_\_\_

*I certify that the forgoing information I have provided is true to the best of my knowledge. The granting of such permit concerns the SAEFTY and WELFARE of the residents of this town and state. It cannot be issued without FULL investigation in accordance with New Jersey Law. I am aware that if any of the foregoing information is false, the firearms application may be rejected, and I may be subject to criminal charges and fines.*

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NOTICE TO REFERENCE COMPLETING THIS FORM**  
**IT IS IMPORTANT THAT YOU COMPLETE THIS FIREARMS APPLICANT REFERENCE IN A TIMELY MANNER AND RETURN IT TO THE APPLICANT, AS THEY CANNOT SUBMIT THEIR APPLICATION WITHOUT THIS REFERENCE. THANK YOU.**





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