

STATE OF NEW JERSEY Renewal Application for a



Retired Law Enforcement Officer Permit to Carry a Handgun

Part 1 PRINT OR T	YPE AL	L INFO	RMA	TION —PAI	RT 1 ONLY						
(1) Last Name		First		Middle		(2) Residence Add	ress Street	City	y State	Zip Code	
(3) Date of Birth	(4) Age	(5)	Sex	Height	Weight	 Hair	Eyes	Race	(6) Social Security	Number	
(7) County of Residence	(8) Municipal (ode (9) Date Firearms		rearms	(10) Date Current RPO	(11) Home Pho	ne Number	(12) SBI Number		
		Number		Qualifica		Permit Expires					
(13) Have you ever been conv	rioted of	any dam	ootio v	riolongo offor	noo in ony juri	adiation which involved	the elements of (1)	otrikina kiokina s	phoving or (2)		
purposely or attempting to one explain.										Yes	
										☐ No	
(14) Have you ever been convicted of a crime that has not been		Yes `		(15) Have you ever been confined to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? If Yes, give the name and location of							
expunged or sealed?		☐ No	l ti	the institution or hospital and the date(s) of such confinement or commitment.							
(16) Are you an Alcoholic?		☐ Yes	┖								
		☐ No	(17) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? If Yes, give the name and location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.								
(18) Were you ever dependen	nt .		- n	name and loc	ation of the do	octor, psychiatrist, hospii	tal or institution and	the date(s) of suc	ch occurrence.	☐ No	
upon the use of narcotic or other controlled dangerous substance?		☐ Yes☐ No									
(19) Are you subject to any court			(20) Signature of Applicant The disclosure of my Social Security number is voluntary. Without this num-							Application	
order issued pursuant to Do Violence?	☐ Yes		ber, the processing of my application may be delayed. This number is used								
		∐ No	for document tracking purposes only and is considered confidential.								
Processing Police Ag	-	-		•	f this porti	on of the applicat	ion, mail to NJ	SP Firearms	Investigation U	nit, RPO,	
P.O. Box 7068, West T											
Part 2 STAT	TE POI	LICE U	SE C	DNLY - DC	NOT WR	ITE BELOW THIS	LINE - STATE	POLICE USE	ONLY		
Approved											
☐ Disapproved S	/										
Permit No.											
Date Permit Issued:						Date Perm	it Expires:				
Date Documents For	rwarde	ed:									
To Applicant					_						
To Police Departmer	nt					_					
						0!	unatura of Com-	vintandent of (Ctoto Dollas		
						Signature of Superintendent of State Police (Affix Seal Here)					