



STATE OF NEW JERSEY Firearms Applicant Investigation Report



(1) TYPE OF APPLICATION APPLICATION DATE: / / <input type="checkbox"/> FIREARMS PURCHASER ID CARD <input type="checkbox"/> Initial <input type="checkbox"/> Duplicate <input type="checkbox"/> PURCHASE A HANDGUN # Applied for: _____ <input type="checkbox"/> PERMIT TO CARRY HANDGUN <input type="checkbox"/> FIREARMS DEALER <input type="checkbox"/> RETAIL Lic. # _____ <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> WHOLESALE/MANUFACTURER Lic. # _____ <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> OTHER _____		(2) NAME OF APPLICANT (First, Middle, Last) <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">(3) DATE OF BIRTH / /</td> <td style="width: 33%;">(4) SOCIAL SECURITY NUMBER - -</td> <td style="width: 33%;">(5) US CITIZENSHIP <input type="checkbox"/> Yes (Verified) <input type="checkbox"/> No</td> </tr> </table> (6) ADDRESS OF APPLICANT (Number, Street, City, County, State) <hr/> <input type="checkbox"/> Address Confirmation: _____			(3) DATE OF BIRTH / /	(4) SOCIAL SECURITY NUMBER - -	(5) US CITIZENSHIP <input type="checkbox"/> Yes (Verified) <input type="checkbox"/> No																																																					
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(7) OCCUPATION (Position) <hr/> <input type="checkbox"/> Employment Verification: _____		EMPLOYER'S NAME & ADDRESS <hr/>																																																										
(8) LOCATION OF BUSINESS OF FIREARMS DEALER (Number, Street, City, County, State) <input type="checkbox"/> N/A <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">FEDERAL LICENSE NUMBER ISSUED</td> <td style="width: 40%;">NAME OF LICENSEE</td> <td style="width: 30%;">EXPIRATION DATE</td> </tr> </table>				FEDERAL LICENSE NUMBER ISSUED	NAME OF LICENSEE	EXPIRATION DATE																																																						
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