



This form is prescribed by the Superintendent for use by applicants for a Retail Firearms Dealer's License. Any alteration to this form is expressly forbidden.



STATE OF NEW JERSEY APPLICATION FOR RETAIL FIREARMS DEALER'S LICENSE

Initial Renewal

(All Licenses valid for three years from the date of issuance)
If internet form, make and sign two originals

If applicant is a Corporation or Partnership, form SP649A must be completed. Print or type answers to all questions and submit in duplicate.

(1) Last Name (If female, include maiden) First		Middle	(2) Resident Address (Number - Street - City - State - Zip)		
(3) Date of Birth Month / Day / Year	(4) Age (Place of Birth - City - State or Country)		(5) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	(6) Social Security Number - -	
(7) Sex	Height	Weight	Eyes	Race	
			Hair	(8) Distinguishing Physical Characteristics	
(9) Trade Name			(10) Business Address (Number - Street - City - State - Zip)		
(11) Home Telephone () -	(12) Business Telephone () -		(13) Driver's License Number & State	(14) Business Hours <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
(14a) If Part Time, Name of Full Time Employer			Address (Number - Street - City - State - Zip)	Telephone Number () -	
(15) If you possess a New Jersey Retail Firearms Dealer's License, List			(16) If you possess a Federal Firearms Dealer's License, List		
(A) License Number		(B) Date of Issue	(A) License Number	(B) Date of Issue	
(17) Have you ever been adjudged a juvenile delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)	
(18) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)	
(19) Have you ever been convicted of a criminal offense that has not been expunged or sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Date(s)	Place(s)	Offense(s)	
(20) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where	
(21) Have you ever had an Employee of Firearms Dealer License refused or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom?	When?	Where	
(22) Are you an Alcoholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(23) Have you ever been confined or committed 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 the institution or hospital and the date(s) of such confinement or commitment.			<input type="checkbox"/> Yes <input type="checkbox"/> No
(24) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
(25) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
(26) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an in-patient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
(27) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
(28) If answer to question 27 is yes, does this make it unsafe for you to handle firearms? If not, explain.		<input type="checkbox"/> Yes <input type="checkbox"/> No	(29) If you possess a New Jersey Firearms Purchaser Identification Card, list the number.		
(30) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
(31) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain.					<input type="checkbox"/> Yes <input type="checkbox"/> No
(32) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here.					<input type="checkbox"/> Yes <input type="checkbox"/> No
A fee of \$50.00 payable to the Superintendent of State Police must accompany this application. Forward to: New Jersey State Police Firearms Investigation Unit P.O. Box 7068 West Trenton, NJ 08628-0068			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.		
DO NOT WRITE BELOW THIS SPACE			(33) _____ Signature of Applicant Date of Application		
License Number			Date of Issue		
<i>(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)</i>					
Falsification of this form is a crime of the fourth degree as provided in NJS 2C:28-3a.					