



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

Firearms Applicant Questionnaire

Last Name: _____ First: _____ MI _____

Marital Status: Married Single Widowed/er Separated Divorced Children? _____

Military Status: Please indicate branch & years of service _____ / _____

Discharge Date: ____/____/____ Discharge Rank: _____

Discharge Status: (**circle one**) Honorable / Other-than-Honorable / Dishonorable / Other. If "Other"

Please explain: _____

Have any of your immediate family members ever been arrested or convicted of any crime? Yes No

If "yes" to above, explain (*include where & when*) _____

Does your name appear in any Domestic Violence Files or on any Temporary / Final Restraining Orders?

Yes No. If "yes" explain: (*include where & when*) _____

Please list all prior addresses for the past 20 years: Start with most recent:

1. _____ / _____	_____	_____	_____	_____
From	To	Street Address	Town	State
2. _____ / _____	_____	_____	_____	_____
From	To	Street Address	Town	State
3. _____ / _____	_____	_____	_____	_____
From	To	Street Address	Town	State

Please list the name, & **daytime** phone number of references used on your NJSP STS-33 application.

1. _____ Phone # () _____ - _____

2. _____ Phone # () _____ - _____

Please state your reasons and purpose for obtaining a New Jersey Firearms Identification Card or firearm:

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

Signature: _____ Dated: ____/____/____