



POLICE DEPARTMENT TOWNSHIP OF CHERRY HILL

820 Mercer Street
P.O. Box 5002
Cherry Hill, NJ 08034-0358
Emergency Phone
856/665-1200
Fax Number
856/661-4785
Police Information:
856/488-7828
William P. Monaghan
Chief of Police

TO ALL FIREARMS APPLICANTS

INSTRUCTIONS FOR FIRST TIME APPLICANTS ONLY:



THE STATE REQUIRES FIRST TIME APPLICANTS TO BE FINGERPRINTED ELECTRONICALLY BY MORPHOTRUST. THIS OFFICE WILL PROVIDE YOU WITH INSTRUCTIONS AND THE APPLICATION NEEDED TO SET UP YOUR APPOINTMENT WITH MORPHOTRUST. PAYMENT (\$53.91) MAY BE MADE WITH A CREDIT CARD OR ELECTRONIC DEBIT FROM A CHECKING ACCOUNT AT THE TIME OF SCHEDULING.

INSTRUCTIONS FOR ALL OTHER/RETURNING APPLICANTS:



APPLICATIONS FOR HANDGUN PERMITS AND/OR DUPLICATE FIREARMS ID CARD MUST SIGN ON TO THE ***NJ STATE POLICE WEBSITE*** AND COMPLETE A REQUEST FOR A CRIMINAL HISTORY RECORD CHECK. THE APPLICANT WILL PROVIDE DEMOGRAPHIC AND PAYMENT INFORMATION ONLINE. THE REQUEST STATUS WILL THEN BE FORWARDED TO THE CHERRY HILL POLICE DEPT. INSTRUCTIONS FOR THIS REQUEST ARE PROVIDED ON THE *REQUEST FOR A CRIMINAL HISTORY RECORD INSTRUCTIONS* FORM.

- * A CREDIT CARD OR ELECTRONIC CHECK PAYMENT OF \$20.00 MUST BE MADE ONLINE.
- * THE ORI NUMBER FOR CHERRY HILL TOWNSHIP IS **NJ0041200**.

FEEES CHARGED UPON APPROVAL OF FIREARM APPLICATION ARE AS FOLLOWS:

1. INITIAL NJ STATE FIREARMS IDENTIFICATION CARD - **\$5.00**.
2. PERMIT TO PURCHASE A HANDGUN: **\$2.00 EACH PERMIT**.
3. DUPLICATE FIREARMS IDENTIFICATION CARD: **NO CHARGE**.
4. EXTENSION OF PERMIT TO PURCHASE HANDGUN: NO CHARGE

CASH OR PERSONAL CHECK ACCEPTED FOR I.D. CARD AND PERMIT.

REFERENCES: ALL FIREARMS APPLICANTS ARE REQUIRED TO LIST AT LEAST TWO (2) REPUTABLE PERSONS WHO ARE NOT RELATED TO THE APPLICANT.



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Letter to Firearms Applicants

First time applicant for a Firearms Purchaser's Identification Card and/or a Permit to Purchase a Handgun:

1. Obtain Form No. IDG_NJAPP_110113 for fingerprinting by contacting Cherry Hill Police Dept.
2. Schedule an appointment with MorphoTrust by going to www.bioapplicant.com/nj or calling 877-503-5981. (Fingerprinting fee: \$53.91, See CHPD Form #285A for more details on payment)
3. Once you have been fingerprinted, you must return to the station with your completed application packet (see below) and receipt from MorphoTrust.
4. Type or print clearly and make sure all questions on the forms are answered completely.

Replacement of Firearms ID card and/or additional Handgun permits:

1. Complete the application packet as stated below.
2. Complete the online Request for a *Criminal History Record Check* on the **NJ State Police Website**.

To acquire a Firearms Purchaser's Identification Card or a Permit to Purchase a Handgun, the following forms must be filled out and submitted with the appropriate fees to the Cherry Hill Police Department:

Firearms Application Packet

- [State of New Jersey Firearms Application](#) (STS 033)
- [State of New Jersey Mental Health Consent Form](#) (SP-66): Complete only Part One on Mental Health forms, but do not sign it. It needs to be signed in front of an Officer or a records clerk at the time of your submission)
- [Criminal History Request Form](#) (SBI 212A) Complete this request on the NJ State Police Website which includes a credit card or electronic check payment of \$20.00.
- [CHPD Request for Criminal History Record Instructions](#) (CHPD Form #363)
- [CHPD Firearms Application Instructions](#) (CHPD Form#285A)

Other Available Form

- [Voluntary Form of Firearm Registration](#) (SP-650)

A fee of \$5.00 for an Initial Firearms Purchaser's ID card and \$2.00 for each permit to purchase a Handgun are due to the Cherry Hill Police Department at the time of approval. The ID Card and Handgun Permit fees can be paid in **cash or personal check** made payable to Township of Cherry Hill at the Records Window.

THIS FORM IS TO BE COMPLETED BY ALL FIREARMS APPLICANTS WHEN FILING APPLICATION. **PRINT ALL INFORMATION**

1. **FULL NAME OF NEAREST RELATIVE:** (SPOUSE, PARENT, ETC)

(FIRST) (LAST) (RELATIONSHIP)

ADDRESS: *STREET* *CITY* *STATE* *ZIP CODE*

() -

PHONE NUMBER:

2. **MARITAL STATUS OF APPLICANT:** (CIRCLE ONE)

MARRIED SINGLE DIVORCED

3. HAVE YOU RESIDED IN CHERRY HILL TOWNSHIP FOR FIVE (5) CONSECUTIVE YEARS OR MORE? _____ IF YES, NUMBER OF YEARS? _____

4. IF THE ANSWER TO QUESTION 3 IS NO, LIST ALL PREVIOUS ADDRESSES, STARTING WITH THE MOST RECENT:

A. _____
(COMPLETE ADDRESS) (LENGTH OF RESIDENCE)

(NAME OF POLICE DEPT. HAVING JURISDICTION & ADDRESS)

B. _____
(COMPLETE ADDRESS) (LENGTH OF RESIDENCE)

(NAME OF POLICE DEPT. HAVING JURISDICTION & ADDRESS)

5. **PHYSICAL DESCRIPTION OF APPLICANT:** SEX: _____ RACE: _____

WEIGHT: _____ HEIGHT: _____ HAIR COLOR: _____

DATE OF BIRTH: _____ SS#: _____

THIS SECTION TO BE COMPLETED BY PERSON ACCEPTING APPLICATION

PTP#: _____ NC#: _____ SBI#: _____

LOCAL ARREST RECORD: YES _____ NO _____

POLICE CALLS FOR SERVICE AT HOME ADDRESS: YES _____ NO _____

SIGNATURE OF CLERK ACCEPTING APPLICATION DATE



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Request for a Criminal History Record Instructions.

Replacement of Firearms ID card and/or additional Handgun permit
Applicants ONLY.

1. Log on to the NJ State police website using the following URL:
<https://njportal.com/njsp/criminalrecords>
2. Click on the On Line Form 212A
3. Enter the Cherry Hill nine digit ORI number: **NJ0041200** * *If this number is not entered properly then your request will not be forwarded to the appropriate agency.*
4. Follow the prompts for demographic and payment information. A credit card payment or electronic check payment of \$20.00 is required to complete this request.
5. The applicant will be required to include their State Bureau of Identification number (SBI number) during the demographic information portion of this on line application. This number can be found on your NJ Firearms ID Card after the heading "NUMBER". The NJ SBI number format is six numbers followed by one letter. If you are unable to locate this number please see a representative of the Cherry Hill Police Records Department. Your request will be rejected if this number is not included.
6. Upon completion of the form the applicant will receive an email confirmation and receipt that will include a confirmation number. Please retain this receipt for your records.
7. The applicant can find more detailed information by clicking on the Help Tab located on the top right side of the NJ State Police website.

We will continue to provide the SBI 212A (yellow form) for those applicants who do not have internet access. This manual submission process will delay the turnaround time due to the completion of the record plus mail time.



CONSENT FOR MENTAL HEALTH RECORDS SEARCH

*This consent MUST be completed by the firearm applicant.
Failure to consent requires denial or disapproval of the application.*



N.J.S.A. 30:4-24.3 provides that all records of any individual's commitment to a non-correctional institution for mental health reasons shall be confidential and shall not be disclosed except in limited circumstances or with the consent of the individual.

PART ONE (To be completed by the applicant)

Name: (Last, Maiden, First, MI) _____ **Date of Birth:** (Month, Day, Year) _____ **Social Security #:** *See Privacy Act Notice Below. _____

Address: (Number & Street) _____ (Municipality) _____ (County) _____ (State) _____

List Prior Addresses for past 10 years: NOT APPLICABLE

ADDRESS 1: Dates Resided From: _____ To: _____
(Number & Street) _____ (Municipality) _____ (County) _____ (State) _____

ADDRESS 2: Dates Resided From: _____ To: _____
(Number & Street) _____ (Municipality) _____ (County) _____ (State) _____

I, _____ am aware of my rights under N.J.S.A. 30:4-24.3, and the Health Insurance Portability and Insurance Accountability Act (HIPAA), 45 C.F.R. 164-50, and consent to the disclosure of my mental health records, including disclosure of the fact that said records may have been expunged, to the Chief of Police and the Superintendent of State Police, or their designees, for the purpose of verifying my firearms permit application and my fitness to own a firearm under N.J.S.A. 2C:58-3. I understand that copies of this authorization shall be considered sufficient authorization for the release of records or for the disclosure of the fact of expungement.

Investigating Police Department

Witness (Print Name)

X _____
Signature of Witness

X _____
Signature of Applicant

Date

* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the application may be delayed. This number is considered confidential.

PART TWO (To be completed by County Adjuster's Office, Mental Health Institution and/or Doctor)

	Record of Admission Commitment or Treatment	Date of Check	Signature of Authorized Official or Doctor <small>(Dr.: Provide Medical License #)</small>
_____ County Adjuster's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____
_____ Institution or Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____

PART THREE (To be completed by authorized official or doctor only if applicant has record of admission, commitment, or treatment at a hospital, mental institution or sanitarium for a mental disorder)

NAME OF HOSPITAL, MENTAL INSTITUTION OR SANITARIUM	ADMISSION (mo/day/yr)	DISCHARGE (mo/day/yr)	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	to _____	_____
_____	_____	to _____	_____

*Additional forms may be obtained through the New Jersey State Police, Firearms Investigation Unit,
P.O. Box 7068, West Trenton, NJ 08628-0068, or via the internet at www.njsp.org/info/forms.html.*