



DELAWARE TOWNSHIP POLICE DEPARTMENT

P.O. BOX 101
SERGEANTSVILLE, NEW JERSEY 08557
609-397-8189
609-397-8699 FAX

BRUCE W. MAST
CHIEF OF POLICE

FIREARMS APPLICANT QUESTIONNAIRE

APPLICANT: Print or type all answers. Answer all questions. Giving false information is a crime which may result in prosecution.

Last Name (Include maiden name) _____ First _____ Middle _____

Present Address _____

Town _____ State _____ Zip Code _____ How Long? _____

Previous Address (Past ten years):

St. Address _____

Town _____ State _____ Zip Code _____ How Long? _____

St. Address _____

Town _____ State _____ Zip Code _____ How Long? _____

Present Employer _____ How Long? _____

Employer's Address _____ State _____ Zip _____

List Two (2) previous employer's:

Employer _____ How Long? _____

Employer's Address _____ State _____ Zip _____

Employer _____ How Long? _____

Military Serv. Yes ___ No ___ Service # _____ Years _____ Discharge Type _____

Are you presently under indictment anywhere in the USA? Yes ___ No ___

If YES explain: _____

Do you have a Driver's License? Yes ___ No ___ Lic. # _____ State _____

Have you ever been issued a driver's license in any other state? Yes ___ No ___

If YES, what state(s) _____

Is there a member of your household, who resides with you, that has been convicted of a crime, or is presently under indictment? Yes ___ No ___ If YES explain: _____

Is there, or has there ever been, a Domestic Violence Restraining Order against you or a member of your household, or co-habitant? Yes ___ No ___

List names and ages of all people who reside in your household, include spouse, children and co-habitants

Name	Age	Name	Age
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____

Have you ever been denied, disapproved or refused a firearms permit or ID card in this state or any other state? Yes ___ No ___

If YES explain: _____

Are you a U.S. citizen? Yes ___ No ___ If NO, what is your status? _____

How long have you been in the U.S.? _____

I, _____, state that all the above information is true and correct.

Date Of Application: _____