



**WALL TOWNSHIP POLICE DEPARTMENT**  
 P.O. Box 1168 / 2700 Alliare Rd. Wall Township, NJ 07719  
 Phone: (732) 449-4500 ~ Fax: (732) 449-1273 ~ [www.wallpolice.org](http://www.wallpolice.org)

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_