



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

FIREARMS APPLICANT REFERENCE

Mr. / Mrs. _____ has filed:

- New Jersey Purchaser's Identification Card Application
- Application to Purchase a Handgun.
- Application for Permit to Carry a Handgun
- Application for change of information on FID.

The applicant has listed you as a reference and the Wall Township Police Department requires the following information from you in order to process his/her application. The information you provide is for "official use only" and will be kept confidential. A detective from this agency may also be in contact with you personally and will ask you questions about the applicant. Please fill in the below information *completely*. If you need additional forms they may be downloaded from our website. www.wallpolice.org

Applicant's residence: _____

Year's known to the applicant: _____ Your association: _____
(Relatives not permitted)

To your knowledge, has the applicant ever been arrested? Yes No

To your knowledge, has the applicant ever been involved in incidents of Domestic Violence? Yes No

Is the applicant currently employed? Yes No Has he/she ever been terminated? Yes No

Currently employed where & for how long? _____ / _____ yrs / _____ mos

Marital Status: Married Single Widowed/er Separated Divorced *Number of Children _____

To your knowledge, is there any reason the applicant (if approved for this application) would be a danger to themselves or others? Yes No. If yes, please explain: _____

To your knowledge, has the applicant ever been treated for a mental or psychiatric condition? Yes No

Is there any reason why you think the applicant *should not* be approved for this application? Yes No

If "yes" please explain: _____

Your Name: _____, _____ Phone #() _____ - _____

Current Address: _____ Town _____ State _____

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

Signature: _____

Dated: ____/____/____