



# NEPTUNE CITY POLICE DEPARTMENT

106 WEST SYLVANIA AVENUE  
P.O. BOX 2098

NEPTUNE CITY, NEW JERSEY 07754-2098  
(732) 775-1615 FAX (732) 776-5162

Edward D. Kirschenbaum, Sr.  
Director of Public Safety

Louis J. Trocchio, Sr.  
Captain

## Firearms Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Aliases/Maiden/Nickname(s): \_\_\_\_\_

Address: \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone # \_\_\_\_\_

Name and address of nearest living relative and relationship:  
\_\_\_\_\_

List all current persons living in your home, include name and date of birth:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been found guilty of Driving the Influence of Alcohol and/or Drugs?  
Yes / No (circle one) If Yes, list the date and location of the offenses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all previous addresses you have lived at in the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all Military Service, Include branch, service number, dates of service, and reason for discharged if other than honorably.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Domestic Violence:**

**Have you or a current member of your household ever had a Domestic Violence Restraining order signed against them? If yes, explain:**

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**Have you or a current member of your household ever been accused of a Domestic Violence Offense? If yes, explain:**

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**Are there presently any Domestic Violence Restraining Orders signed against you or any members of your household? If yes, explain:**

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**Have you ever applied for a Domestic Violence Restraining Order? If yes explain:**

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**Have you or a member of your household ever had any weapons seized during the investigation of a Domestic Violence Incident: If yes explain:**

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Have you or a member of your household ever forfeited the right to, own, carry, purchase or otherwise possess a firearm for any reason? If yes explain:

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I understand that any false or misleading statements on this form will subject be to the denial of the requested Id or Permit and the possibility of charges being filed for filling a False Report.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_