



Michael W. Miller
Chief of Police

Berlin Police Department

Integrity * Service * Community

Firearms Application Reference

APPLICANT NAME: _____

Dear Sir/Madam,

The above referenced individual has submitted to this department an application for a Permit to Purchase a Firearm and/or a Firearms Identification Card. Your name has been submitted as a character reference.

As you know, a firearm is a very dangerous weapon and placing one in the hands of an irresponsible person may cause irreparable harm should the weapon be misused. Therefore, as the applicant's reference or employer, you should keep in mind that the information received from you will assist in determining whether a Permit to Purchase a Firearm and/or Firearms Identification Card will be issued to the applicant.

Please complete the questionnaire below and return it as soon as possible as a delay in the return of this form will result in a delay in the decision as to whether to approve or deny the application. I ask that you return this form in the envelope provided or to the address below to the attention of Dawn Sayers, Police Matron. If you should have any questions or concerns, you may also reach her at (856) 767-4700, extension 132.

Sincerely,

Michael W. Miller

Michael W. Miller
Chief of Police

1. Present address of the applicant _____

2. Marital status of the applicant: [] Single [] Married/Domestic Partner [] Separated [] Divorced [] Widowed

3. How long have you know the applicant? _____

4. Applicant's place of employment _____

5. To your knowledge, did the applicant ever have a firearms permit? [] Yes [] No

6. What is the applicant's reason for purchasing a firearm? _____

7. To your knowledge, is there any reason why a firearm permit should be denied? [] Yes [] No

If yes, why? _____

8. Character of applicant? _____

9. To your knowledge, is the applicant suffering from any of the following:

[] Alcoholism [] Narcotics [] Physical Defects [] Committed to a Mental Institution [] Treated by a doctor/psychiatrist

10. To your knowledge, does the applicant have a criminal record? [] Yes [] No

If yes, please explain _____

11. To your knowledge, has the applicant ever committed an act of Domestic Violence? [] Yes [] No

12. Would you consider this applicant qualified to own, possess and/or have custody and control a firearm? [] Yes [] No

If no, why _____

Signature _____ Date _____

Printed Name _____ Phone _____

Address _____

Municipal Building
59 S. White Horse Pike * Berlin, New Jersey 08009 * Phone (856) 767-4700 * Fax (856) 768-3442
Berlinnj.org