

State of New Jersey
 Government Records Request
 Receipt

Requestor Information

Allan A Marain
 Law Offices of Allan Marain
 P.O. Box 1030
 New Brunswick, NJ 08903

allan@MarainLaw.com
 732-828-2020

Request Date: March 12, 2020

Maximum Authorized Cost: \$5.00

Email

Request Number: W157324

Request Status: Filled Closed

Ready Date:

Custodian Contact Information
 Division of State Police
 Records Custodian
 PO Box 7068
 SP Headquarters - Bldg 15 - River Road
 West Trenton, NJ 08628
 dsp@gw.njsp.org
 609-882-2000 ext. 6584

By _____

Status of Your Request

Your request for government records (# W157324) from the Division of State Police has been reviewed and has been Filled Closed. Detailed information as to the availability of the documents you requested appear below and on following pages as necessary.

The cost and any balance due for this request is shown to the right. Any balance due must be paid in full prior to the release / mailing of the documents.

If you have any questions related to the disposition of this request please contact the Custodian of Records for the Division of State Police. The contact information is in the column to the right. Please reference your request number in any contact or correspondence.

Cost Information

Total Cost:	\$0.00
Deposit:	\$0.00
Total Amount Paid:	\$0.00
Balance Due:	\$0.00

Document Detail

Div	Doc #	Doc Name	Redaction Req	Pages	Legal Size	Electronic Media	Other Cost
SP	01	the Firearms Application questionnaire form mailed to vouchers/references along with the cover letter	N		N	N	

State of New Jersey
Government Records Request
Receipt

Allan Marain,

The Division of State Police is in receipt of your OPRA request.

To fulfill your request you will be provided the Firearms Application questionnaire form mailed to vouchers/references along with the cover letter. Please note, the template's letterhead is outdated.

Accordingly, your request is now considered Filled Closed.

Sincerely,

DSFC Kristina Pados
New Jersey State Police

Your request for government records (# W157324) is as follows:

Please provide the form that is sent to the character references listed by a person who applies for a Firearms Purchaser Identification Card.



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
POST OFFICE BOX 7068
WEST TRENTON NJ 08628-0068
(609) 882-2000

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JOHN J. HOFFMAN
Acting Attorney General

COLONEL JOSEPH R. FUENTES
Superintendent

NEW JERSEY STATE POLICE
STATION
ADDRESS
CITY, STATE, ZIP
PHONE

DATE _____

NAME :
ADDRESS :
CITY :
STATE :

DEAR, _____

RE: _____

The above captioned person is being investigated to determine his/her suitability for the issuance of a: (check one)

Permit to Carry a Handgun _____

N.J. Firearms ID Card _____

Permit to Purchase Handgun _____

A review of his/her application refers to you as a voucher. If that is the case, please provide the information requested below. Sign where indicated. Date and return it in the enclosed, self addressed envelope.

If the response to any of the questions below are in the affirmative, please explain the details on the back of this form.



"An Internationally Accredited Agency"

New Jersey Is An Equal Opportunity Employer
Printed on Recycled Paper and Recyclable



REF: _____

INVEST # _____

It must be emphasized that in order for the Firearms Application to be considered, this form must be returned to the _____ Station **as soon as possible**.

TO THE BEST OF YOUR KNOWLEDGE:

1. Has the applicant ever been convicted of a crime or disorderly persons offense? YES___ NO___
2. Is the applicant an alcoholic? YES___ NO___
3. Is the applicant a habitual drunk? YES___ NO___
4. Is the applicant a narcotics user? YES___ NO___
5. Does the applicant suffer from any physical defect or illness? YES___ NO___
6. Has the applicant ever been confined to a mental institution? YES___ NO___
7. Has the applicant ever committed an act of domestic violence? YES___ NO___
8. Has the applicant ever been a member of any organization which advocates the overthrow of the U.S. or the State of New Jersey? YES___ NO___
9. How many years have you known the applicant? _____ YEARS
10. To your knowledge is there any reason why the above named person should **NOT** be issued a Firearms Permit? (If **YES** explain on back) YES___ NO___

If you have any questions or need further instructions please refer to the _____ Station phone number on page one (1).

SIGNATURE: _____