



STATE OF NEW JERSEY CERTIFICATE OF ELIGIBILITY

(This form must be completed for each transfer of a Shotgun, Rifle, including black powder or BB Rifle)



Part 1: This section must be completed by the transferor (seller or giver) of the firearm.

Make of Firearm: _____ Action: _____
Pump, Lever, Semi-Automatic, Bolt etc.

Model of Firearm: _____ Caliber or Gauge: _____ Serial #: _____

Name of Transferor (or Dealer Employee): _____
Last First MI

Dealer Name (if applicable): _____ Dealer's State License Number: _____

Address of Transferor: **Dealer: list your licensed location**

Street Town/City State Zip Code

Transferor's Firearms I.D. Card Number: _____ Date of Transfer: _____

Part 2: This section must be completed by the person receiving (receiver of) the firearm.

Name of Receiver: _____
Last First MI

Address: _____
Street Town/ City State Zip Code

Date of Birth: _____ Firearms Purchaser I.D. Number: _____

- 1) Have you ever been convicted of a crime that has not been expunged or sealed? ☐ Yes ☐ No
- 2) Are you subject to any court order prohibiting you from possessing firearms? ☐ Yes ☐ No
- 3) Are you subject to any court order issued pursuant to Domestic Violence? ☐ Yes ☐ No
- 4) Have you ever been convicted of any domestic violence in any jurisdiction, which involved the elements of (1) striking, kicking, shoving or (2) purposely, or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a deadly weapon? ☐ Yes ☐ No
- 5) Are you an alcoholic? ☐ Yes ☐ No ***Note: A recovered alcoholic may answer no to this question.**
- 6) Are you dependent upon the use of any narcotic or other controlled dangerous substance? ☐ Yes ☐ No
- 7) Do you suffer from any physical defect or sickness which makes it unsafe for you to handle firearms? ☐ Yes ☐ No
- 8) Have you since the issuance of your firearms I.D. card been confined for a mental disorder? ☐ Yes ☐ No
- 9) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? ☐ Yes ☐ No
- 10) Are you a fugitive from justice? ☐ Yes ☐ No
- 11) What is your State of residence? _____

If other than NJ, this transfer must go through a licensed firearms dealer.

Signature of Transferor

Should you have any questions in completing this form, contact the Firearms Investigation Unit, New Jersey State Police, P.O. Box 7068, West Trenton, NJ 08628-0068 (609) 584-5051 Ext. 5620.

Questions 1 - 10 must be answered "no" for the transfer of the firearm to proceed.
A person who answers "yes" to any question is not eligible to receive a firearm.

Signature of Receiver

I hereby certify that the answers given on this form are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.

Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c

White copy is to be retained by the transferor pursuant to N.J.S.A. 2C:58-3b.

Yellow copy is to be retained by the receiver.

If internet form, make and sign two copies.