

# Gold Shield Training Center's NEW JERSEY Firearms License Questionnaire

OFFICE USE: Date(s) of Course: \_\_\_\_\_ Date Appl Completed: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(Street) (Apartment # / Floor #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Mailing Address if different from above: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Driver's License # / Non-Driver's Identification # & State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Birth (City/State or Country): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: Asian / Black / Native American / White / Latino / UNK

Do you have any distinctive physical characteristics: Tattoo / Marks / Scars / Other: \_\_\_\_\_

Maiden Name/Alias Name: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Marital Status / Check One: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Please Check One: \_\_\_\_\_ Citizen by Birth  
\_\_\_\_\_ Naturalized Citizen Naturalization # \_\_\_\_\_  
\_\_\_\_\_ Resident Alien Alien Registration # \_\_\_\_\_

## **Please list all Previous Addresses for the past 10 years:**

Address #1: \_\_\_\_\_ Date: to and from: \_\_\_\_\_

Address #2: \_\_\_\_\_ Date: to and from: \_\_\_\_\_

Address #3: \_\_\_\_\_ Date: to and from: \_\_\_\_\_

## **Spouse / Domestic Partner Information:**

Full Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address: \_\_\_\_\_  
(Street) (Apartment # / Floor #) (City/Town/Village) (State) (Zip Code)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relation to You: \_\_\_\_\_

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**Please provide Four (4) Character References that can be contacted by NJSP for referral (non-family):  
Must be known form 3 years or longer.**

**1. Full Name:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ How long known: \_\_\_\_\_

**2. Full Name:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ How long known: \_\_\_\_\_

**3. Full Name:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ How long known: \_\_\_\_\_

**4. Full Name:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ How long known: \_\_\_\_\_

**Employer Information (If unemployed, list previous Employer):**

Name of Employer / Previous Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Date Hired: \_\_\_\_\_ End Date: \_\_\_\_\_

**Please read and answer ALL the following questions carefully:**

1. Are you an alcoholic as defined in section 2 of P.L.1975, c. 305 (C. 26:2B-8)? \_\_\_ Yes \_\_\_ No
  
2. Do you have a substance use disorder involving drugs as defined in section 2 of P.L.1970 c.226 (C.24:21-2)? \_\_\_ Yes \_\_\_ No
  
3. Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim, or permanent basis? \_\_\_ Yes \_\_\_ No

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4. Have you been attended, treated, or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition?  Yes  No
5. Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of force and violence, either to overthrow the Government of the United States or which seeks to deny others their rights under the Constitution of United States or the State of New Jersey?  Yes  No
6. Have you been convicted of any crime or disorderly persons offense in this State or its felony or misdemeanor counterpart in any other state or federal jurisdiction?  Yes  No
7. Have you had firearms seized pursuant to the "Prevention of Domestic Violence Act of 1991" which were not returned?  Yes  No
8. Are you currently subject to or have ever violated any court order issued pursuant to Domestic Violence?  Yes  No
9. Are you subject to a restraining order issued pursuant to the "Sexual Assault Survivor Protection Act of 2015" or substantially similar order under the laws of another jurisdiction?  Yes  No
10. Are you subject to a protective order issued pursuant to the "Extreme Risk Protective Act of 2018"?  Yes  No
11. Are you subject to a protective order issued pursuant to (C.2C:12-14 safety or well-being of a judicial officer) prohibiting you from possessing any firearm?  Yes  No
12. Have you ever been adjudged a juvenile delinquent for an offense which, if committed by an adult, would constitute a crime?  Yes  No
13. Do you suffer from a physical defect or disease?  Yes  No
14. Have you ever had a firearms purchaser identification card, permit to purchase a handgun, permit to carry a handgun, or any other firearms license/permit or application refused, denied or revoked in New Jersey or any other state?  Yes  No

### **Please read, understand, print and sign below:**

I understand that I am applying for a license to obtain a firearm. I understand that Gold Shield Training Center and its instructors and Other Companies\* is assisting me with the application process by typing the information I provide in this questionnaire onto the firearms license application, taking passport photographs, notarizing the signatures of those that present identification while signing in front of the notary public, assistance with writing an additional letter to explain any questions that require explanation, and offering photo copy services. I understand that Gold Shield Training Center does not "guarantee" approval of the firearms license application as only the agency you are applying to can. If the applicant is denied for whatever reason, Gold Shield Training Center is not held liable. I understand that the amount paid to complete the class and/or application assistance is not refundable. By signing this questionnaire, I am stating that the information I provided is true to the best of my knowledge.

\* RT Smoke N Gun Shop, Pioneer Shooting Center, RDT Security Ltd, Central Blvd Building Corp.

Print Name: \_\_\_\_\_

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