



TOWNSHIP OF WASHINGTON POLICE DEPARTMENT



350 HUDSON AVENUE
TOWNSHIP OF WASHINGTON, NJ 07676
Headquarters: (201) 664-1140
Fax: (201) 664-2959
E-Mail
www.washtwppolice.org

Glenn Hooper
Chief of Police

William J. Cicchetti
Director

Returning Applicants

Name: _____
Cell Phone #: _____
Email Address: _____

Office use only:
GC#: _____
SBI #: _____
Name Check: _____
Reference 1: _____
Reference 2: _____
Mental Health: _____

Action required:

- Fill out the Application in its entirety – Application must be typed!!
<http://www.njsp.org/firearms/pdf/sts-033.pdf>
(DO NOT SIGN – MUST BE SIGNED IN PRESENCE OF POLICE OFFICER WHEN YOU DROP OFF PACKET)
- Fill out Consent for Mental Health – Must be typed!!
<http://www.njsp.org/firearms/pdf/sp-066.pdf>
(DO NOT SIGN – MUST BE SIGNED IN PRESENCE OF POLICE OFFICER WHEN YOU DROP OFF PACKET)
- Print and complete this cover sheet
- Drop off Cover Sheet, Application and Consent for Mental Health Check to the Police Department at any time.
- Complete web-based Criminal Background Check. Our ORI# is NJ0026600. Your SBI # is the number on your Firearms Purchaser Identification Card. \$20 fee to be paid by credit card. <https://www.njportal.com/njsp/criminalrecords/>
- Print 2 copies of the Reference Letter – Forward to your references and have them complete and return ASAP. Please fill out you name and address. **(Be sure references return these letters ASAP - failure to do so will result in a processing delay!!!)** <http://www.washtwppolice.org/wp-content/uploads/2017/05/REFERENCE-LETTER-2.pdf>
- All administrative fees (\$2 each pistol permit) will be collected at pickup.