



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

Change of Address/Duplicate FID Card

Name: _____

Cell Phone #: _____

Email Address: _____

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/2017/12/REFERENCE-LETTER-2.pdf>

Office use only:

GC#: _____

SBI #: _____

Name Check: _____

Reference 1: _____

Reference 2: _____

Mental Health: _____

All administrative fees (\$2 each pistol permit) will be collected at pickup.