Ras J. Baraka
Mayor

Anthony F. Ambrose
Public Safety Director

FIREARMS REFERENCE LETTER

Reference Information	
Full Name:	
Full Address	
City, State & Zip:	
Telephone Number:	

_____ of _____
Applicant's Name — Applicant's Address - City, State

has given your name to the Newark Department of Public Safety – Division of Police as a personal reference for a firearms application.

It is necessary that we conduct an investigation to ensure that only the applications of persons qualified by law are approved. Your truthfulness in providing the following information based on your knowledge of this applicant is necessary to help us make this determination. Please answer the following questions:

How many years have you known the applicant? _____

	YES	NO
1. Has the applicant ever been convicted of a crime or a disorderly persons offense?		
2. Is the applicant a narcotics user?		
3. Is the applicant an alcoholic?		
4. Has the applicant ever committed an act of domestic violence?		
5. Has the applicant ever been confined to a mental institution?		
6. Has the applicant ever been a member of any organization that advocates the overthrow of the United States or the State of New Jersey?		
7. Do you know of any other reason why this applicant SHOULD NOT be issued a Firearms Permit?		

Please explain below any answer(s) that you have marked "YES"

_____

_____

_____

_____

Your Signature: _____

Date: _____