Cory Booker
Mayor

Newark

Samuel DeMaio
Director of Police

Department of Police
Firearms unit
22 Franklin Street (3rd floor)
Newark, New Jersey 07102

FIREARMS REFERENCE LETTER

Name of Reference: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
The following applicant: _____
Full legal name of applicant
Who reside at: _____
Street – City, State

has given your name as a reference to the Newark Police Department for the firearms application checked below:

☑ Identification Card for the purchase of a rifle or shotgun.

☑ Permit to purcahse a pistol or revolver.

☐ Permit to carry a pistol or revolver.

It is necessary that we conduct an investigation to ensure that only applications of persons qualified by law are approved. Your cooperation in truthfully answering and returning this questionnaire is necessary to help us make this determination from your knowledge of the above applicant:

TO THE BEST OF YOUR KNOWLEDGE:

1. Is he or she an alcoholic or habitual drunkard? Yes ___ No___
2. Is he or she a narcotics user?..... Yes ___ No___
3. Is he or she have a mental disability?.....Yes ___ No___
4. Has he or she ever committed an act of domestic violence?.....Yes ___ No___
5. How many years have you known this applicant?_____
6. Does he or she ever been confined to a mental institution? Yes_____ No_____
7. Do you know of any reason why this applicant should **NOT** be issued a Firearms Permit? (If **YES** explain) Yes ___ No ___

Please explain any answer(s) that you have marked "Yes"
_____

Your Signature: _____
Date: _____

Sheilah A. Coley
Chief of Police