



LITTLE FALLS POLICE DEPARTMENT

225 Main Street
Little Falls, NJ 07424

BRYAN PRALL
CHIEF OF POLICE

FIREARMS APPLICANT REFERENCE

Mr. / Mrs. _____ has filed an application with the Little Falls Police Department for a **Permit to Carry a Firearm**. The applicant has listed you as a reference, and the Little Falls Police Department requires the following information from you in order to process his/her application. The information you provide is for "official use only" and will be kept confidential. A Detective from the Little Falls Police Department may also be in contact with you via phone to ask you questions regarding the applicant.

Please Fill-in ALL Information Below *Completely*

Applicant's residence: _____

Years known to the applicant: _____ Your association: _____

To your knowledge, has the applicant ever been involved in incidents of Domestic Violence? Yes No

To your knowledge, has the applicant ever been an abuser of alcohol or other illicit substance? Yes No

To your knowledge, is there any reason the applicant (if approved for this application) would be a danger to themselves or others? Yes No

If yes, please explain: _____

To your knowledge, has the applicant ever been treated for a mental or psychiatric condition? Yes No

Is there any reason why you think the applicant *should not* be approved for this application? Yes No

If yes, please explain (please use the rear of this page if additional space is required): _____

Your Name: _____ Phone # _____

Current Address: _____ Town: _____

State: _____ E-Mail Address: _____

I certify that the forgoing information I have provided is true to the best of my knowledge. The granting of such a permit concerns the SAFETY and WELFARE of the residents of this city and state. It cannot be issued without a FULL investigation in accordance with New Jersey Law. I am aware that if any of the foregoing information is false, the firearms application may be rejected, and I may be subject to criminal charges and fines.

Signature: _____ Dated: _____ / _____ / _____

NOTICE TO REFERENCE COMPLETING THIS FORM

IT IS IMPORTANT THAT YOU COMPLETE THIS FIREARMS APPLICANT REFERENCE IN A TIMELY MANNER AND RETURN IT TO THE APPLICANT, AS THEY CANNOT SUBMIT THEIR APPLICATION WITHOUT THIS REFERENCE. THANK YOU.

