

New Jersey State Police - Handgun Training Certificate

Applicants Full Name: _____

Applicants Full Address: _____

Firearm Information:

(Make, model, caliber and serial number must be listed for each handgun you intend to carry in New Jersey)

Make: _____

Model: _____

Caliber: _____

Serial #: _____

Action: PISTOL / REVOLVER (Circle One)

Class Date/Certification: _____

(Certification must be within six (6) months of application)

I do hereby declare and affirm under the penalties of perjury that I have completed instruction in the safe handling and use of handguns as prescribed by the new jersey state police, and I so indicate by signing below in the designated space.

SIGNATURE OF APPLICANT

DATE

Certification must also be obtained from a certified firearms instructor. The written certification must include the instructor's name and certification number

I, _____, am a certified NRA handgun instructor. I do hereby declare and affirm under the penalties of perjury that the applicant, _____, has been trained by me, and the applicant has demonstrated, per NJAC 13:542.4(b)3, "Completion of Completion of a course or test in the safe handling of a handgun administered by a certified firearms instructor of a police academy, a certified firearms instructor of the National Rifle Association, or any other recognized certified firearms instructor" in the form of NRA's Basic Pistol Class, which included meeting the minimum written assessment scores and a Level _____ performance in live fire qualification.

I so indicate by signing below in the designated space

SIGNATURE OF INSTRUCTOR/TITLE

NRA I.D. # (REQUIRED)

INSTRUCTOR EMAIL

INSTRUCTOR PHONE #