



New Jersey State Police
 Port Security Section
 65 Jefferson Ave 3rd Floor
 Elizabeth, NJ 07201



(PLEASE TYPE OR PRINT IN INK)

REQUEST FOR DUPLICATE LICENSE, PERMIT OR REGISTRATION

INSTRUCTIONS: This form and a \$15.00 Money Order payable to "Division of State Police Fiscal Control Bureau" should be returned in person to the above office.

Was the card or license:			
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other Reason: _____			
Type or Print Full Name of Applicant		NJSP PAC/WCNYH Number	
Date of Birth	Social Security Number	Phone Number	
Address Number and Street	City	State	Zip
<p>I certify that my license/registration issued by the waterfront commission/division is not currently suspended, revoked or otherwise invalid. I further certify that there are no pending disciplinary actions against my registration. I am aware that if any of the foregoing statement made by me are willfully false, I am subject to legal repercussions.</p>			
DATE:		SIGNATURE:	
Duplicate Card Issued By: _____ Date: _____ Received By: _____			