

# APPLICANT

Type or print - use black ink

	LAST NAME	FIRST NAME	MIDDLE NAME	LEAVE THIS SPACE BLANK	LEAVE THIS SPACE BLANK
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S#  
B  
I

US CITIZEN		DATE OF BIRTH	PLACE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER
YES	NO									

RESIDENCE OF PERSON FINGERPRINTED	ALIASES / MAIDEN NAME / ADDITIONAL DOB	SBI NUMBER
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MARKS / SCARS / AMPUTATIONS / MISC. NUMBERS / TATTOOS	CONTRIBUTOR / ADDRESS / ORI NO.	APPLICATION FOR:
I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION FOR THIS APPLICATION. I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER, FOR THE PURPOSE OF THIS BACKGROUND CHECK, IS VOLUNTARY.	<b>NEW JERSEY STATE POLICE NJPRR0000</b>	<input type="checkbox"/> FIREARMS PURCHASER IDENTIFICATION CARD <input type="checkbox"/> PERMIT TO CARRY PISTOL OR REVOLVER <input type="checkbox"/> RENEWAL - RETAIL FIREARMS DEALER'S LICENSE
	CONTRIBUTOR'S USE ONLY	<input type="checkbox"/> PERMIT TO PURCHASE PISTOL OR REVOLVER <input type="checkbox"/> RETAIL FIREARMS DEALER LICENSE <input type="checkbox"/> EMPLOYEE - RETAIL FIREARMS DEALER'S LICENSE
SIGNATURE OF PERSON FINGERPRINTED		<input type="checkbox"/> LIQUOR LICENSE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYMENT
✓ IMPRESSIONS TAKEN BY _____	DATE TAKEN _____	<input type="checkbox"/> LOCAL ORDINANCE <input type="checkbox"/> DEATH NOTICE <input type="checkbox"/> INDIVIDUAL REVIEW OR CHALLENGE
		<input checked="" type="checkbox"/> OTHER <u>PERSONAL RECORD REQUEST</u>

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

STATE OF NEW JERSEY  
STATE POLICE, STATE BUREAU OF IDENTIFICATION  
BOX 7068, WEST TRENTON, NEW JERSEY 08628-0068  
(609) 882-2000, Ext. 2991

SBI-19 (Rev. 07/19)

OCCUPATION

EMPLOYER AND ADDRESS

**THE SBI RESPONSE TO THIS FINGERPRINT CARD SUBMISSION SHOULD BE FORWARDED TO:**

- THE CONTRIBUTOR/ORI NO. LISTED ON THE FRONT OF THIS FINGERPRINT CARD**
- THE APPLICANT AND ADDRESS LISTED ON THE FRONT OF THIS FINGERPRINT CARD**
- OTHER (List Name and Complete Address)**

**INSTRUCTIONS:** To All Contributors

1. Verify the Identity of the individual you are fingerprinting.
2. Ensure that a State Applicant Fingerprint Card (SBI-19) and a Federal Applicant Fingerprint Card (FD-258) are submitted when required by state statute.
3. Complete all information on the SBI-19 , and, if required, on the FD-258.
4. Obtain clear, classifiable fingerprint impressions to avoid processing delays.
5. Forward the fingerprint card(s), without delay, in the prepaid, pre-addressed envelope provided for this purpose to the above-listed address.

**NOTE:**

1. Obtain a completed Consent For Medical Health Records Search (STS-1) signed by the applicant before submitting fingerprint card for firearms-related applications.
2. Limited information is required for a Death Notice (Name, Sex, Race, Social Security Number, Aliases, SBI Number, Contributor, Impressions Taken By, Date Taken, Right Four Flats).