

**STATE OF NEW JERSEY**  
**Application for Multiple Handgun Purchase Exemption**  
**Seller/Transferor Certification**

*This Seller/Transferor Certification form must be completed by the seller/transferor for each handgun being sold to the listed Multiple Handgun Purchase Exemption applicant, and must accompany the applicant's completed Application for Multiple Handgun Purchase Exemption form (S.P. 015) on its submission to the issuing authority. It is strongly recommended that this Seller/Transferor Certification form be completed in full. Forms will not be forwarded to the Division of State Police until complete, resulting in the delay of both the applications and permits.*

**This Seller/Transferor Certification form must be completed legibly and shall include complete information as required. Forms deemed illegible will not be accepted by the issuing authority and will be returned to the exemption applicant without review.**

**PURCHASER/TRANSFeree INFORMATION:**

(1) NAME (Last - Maiden Name if applicable, First, Middle)				(2) ADDRESS ( Number & Street, City, State Zip Code)			
(3) DATE OF BIRTH  / /	(4) AGE	(5) PLACE OF BIRTH		(6) US CITIZEN  <input type="checkbox"/> Yes <input type="checkbox"/> No	(7) SOCIAL SECURITY NUMBER  - -		
(8) SEX	HEIGHT	WEIGHT	EYE COLOR	RACE	HAIR COLOR	COMPLEXION	(9) DISTINGUISHING PHYSICAL CHARACTERISTICS
(10) NAME OF EMPLOYER				(11) EMPLOYER'S ADDRESS ( Number & Street, City, State Zip Code)			
(12) OCCUPATION			(13) HOME TELEPHONE			(14) BUSINESS TELEPHONE	
(15) DRIVER'S LICENSE NUMBER & STATE				(16) FIREARMS PURCHASER IDENTIFICATION CARD NUMBER (If Applicable)			

**SELLER/TRANSFEROR INFORMATION (If Individual):**

(17) NAME (Last - Maiden Name if applicable, First, Middle)				(18) ADDRESS ( Number & Street, City, State Zip Code) (P.O. Box is unacceptable. Must reside in NJ)			
(19) DATE OF BIRTH  / /	(20) AGE	(21) US CITIZEN  <input type="checkbox"/> Yes <input type="checkbox"/> No	(22) CONTACT TELEPHONE NUMBER		(23) FIREARMS PURCHASER IDENTIFICATION CARD NUMBER (If Applicable)		

**SELLER/TRANSFEROR INFORMATION (If New Jersey Licensed Retail Firearms Dealer):**

(24) NEW JERSEY LICENSED RETAIL FIREARMS DEALER NAME			(25) ADDRESS ( Number & Street, City, State Zip) (P.O. Box is unacceptable. Must be located in NJ)		
(26) FIREARMS DEALER TELEPHONE #	(27) NAME OF SALESPERSON	(28) DEALER FFL NUMBER	(29) DEALER SFL NUMBER		

**HANDGUNS TO BE PURCHASED/TRANSFERRED:**

SERIAL NUMBER	CALIBER	MAKE	MODEL	TYPE (Semi-Auto/Revolver/BB/Pellet)

**APPLICATION FOR MULTIPLE HANDGUN PURCHASE EXEMPTION - SELLER/TRANSFEROR CERTIFICATION**

SERIAL NUMBER	CALIBER	MAKE	MODEL	TYPE (Semi-Auto/Revolver/BB/Pellet)
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If more space is needed, use continuation page (S.P. 016A).

Total Number of Handguns being purchased/transferred:

**AFFIRMATION OF SELLER/TRANSFEROR:**

*Section must be signed and dated by seller/transferor and provided to exemption applicant.*

I affirm that the information provided by me on this certification form is complete, true, and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to criminal prosecution. I also understand that the transference of any handgun(s) not in compliance with conditions of the exemptions listed on the application may subject me to criminal prosecution.

\_\_\_\_\_  
Signature of Seller/Transferor

\_\_\_\_\_  
Date

Falsification of this form is a crime as provided in N.J.S. 2C:28-3a and N.J.S. 2C:39-10c.

**NOTE TO SELLER:** Applicants wishing to acquire handguns must still first obtain a Permit to Purchase a Handgun & Form of Register prior to the transference of a handgun as required by N.J.S. 2C:58-3a.