

## INSTRUCTIONS PAGE

Instructions for the following permit applications: **AB Card**, **Canvassing/Soliciting**, and **Other**

**Step 1:** Fill out the application and the Voluntary Consent form and **print**.

**Step 2:** Sign and Date the application and Sign and Date the Voluntary Consent Form (Make sure you have a witness **Sign** as well).

**Step 3:** Submit the required payment which can be done utilizing the following website:  
<https://payments.municipay.com/24dfe0a0042cb3c51f0701849a7c92a8>

**NOTE:** Be Advised that the Application Will Not Be Processed until payment is made. Approved payments types: Credit/Debit Cards, ACH Transactions, Money Orders and personal checks.

**Step 4:** Submit the completed application and Voluntary Consent form along with a copy of your payment receipt and a copy of your identification card with photo (ex. Driver's License) to the Hackensack Police Department, via the following e-mail address: [applicant@hackensackpd.org](mailto:applicant@hackensackpd.org)

- or you can bring the completed forms to the Hackensack Police Department at 225 State Street, Hackensack, NJ 07601 and pay in person.

**IMPORTANT NOTE:** please provide your preferred contact information on your e-mail and you will be notified when your permit is ready.

**HACKENSACK POLICE DEPARTMENT  
BUREAU OF CRIMINAL IDENTIFICATION**

NEW ( ) PLEASE PRINT ALL INFORMATION CLEARLY  
RENEWAL ( )

APPLICATION FOR: ( ) TAXI /LIMOUSINE ( ) AB CARD ( ) SOLICITING ( ) OTHER \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAIDEN NAME OR ALIAS \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ US CITIZEN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(NO P.O. BOX)

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH (STATE) \_\_\_\_\_ HOW LONG AT PRESENT ADDRESS \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

**HAVE YOU EVER BEEN CHARGED WITH, ARRESTED, OR CONVICTED OF A CRIME OR OTHER OFFENSE?** \_\_\_\_\_

IF YES WHERE AND WHEN \_\_\_\_\_ CHARGE (S) \_\_\_\_\_

FINAL DISPOSITION OF CHARGE (S) \_\_\_\_\_

AB CARD/ OTHER

NAME OF BUSINESS \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

TAXI / LIMOUSINE LICENSE

NAME OF COMPANY \_\_\_\_\_ PHONE # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

SOLICITORS LICENSE

NAME OF COMPANY \_\_\_\_\_ AGENT ( ) OWNER ( )

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

VEHICLE USED \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

THE APPLICANT SWEARS TO THE BEST OF HIS/HER KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND ACCURATE. ANY FALSIFICATION OF THIS APPLICATION IS GROUNDS FOR DENIAL AND MAY BE PUNISHABLE BY LAW PER N.J.S.A. 2C:28-3a.

\*MISSING AND/OR LACKING INFORMATION OR FAILURE TO PROVIDE VALID PHOTO I.D. CAN BE CAUSE FOR DENIAL OF PERMIT.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OK. SEE ATT

APPROVED ( ) DENIED ( )

( ) ( ) LawSoft  
( ) ( ) S.C.I.C / N.C.I.C.  
( ) ( ) D.M.V.  
( ) ( ) A.T.S.  
( ) ( ) A.C.S.

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

FILE CARD ( ) I.D. PRINTED ( )

MASTER NAMED BY: \_\_\_\_\_

**City of Hackensack**  
*Department of Police*

**Voluntary Consent To Conduct a Background Investigation  
Authorization For Release of Information**

I, \_\_\_\_\_, do hereby consent to a confidential background check. I understand that this check may include the taking of my photograph and fingerprints.

I understand that any information requested will be used to conduct a confidential background investigation, an investigation that might be conducted in part by any member of the Hackensack Police Department.

I do hereby authorize a review and full disclosure of any and all information, but not limited to, all records, including a copy of my credit report, internal revenue service records, medical records or any part thereof, concerning myself to any duly authorized agent of the Hackensack Police Department, whether the said records are public or private and including those, which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information that will be utilized for investigative resource material.

I give this consent freely and voluntarily, without fear, threats, coercion or promise of any kind and with full knowledge of my constitutional right to refuse, which I hereby waive.

I am also aware that if I wished to exercise this right, it would be respected.

A photo static copy of this authorization will be considered as effective and valid as the original.

This consent is given by me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ hrs.

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

(Signature)

Name: \_\_\_\_\_

City: \_\_\_\_\_

Office: \_\_\_\_\_

Phone: \_\_\_\_\_