#### **CHAPTER 7416**

## DEPARTMENT OF PUBLIC SAFETY

#### FIREARMS PERMITS

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7416.0500	PERMIT TO CARRY A PISTOL.
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7416.9931	MINNESOTA UNIFORM HANDGUN APPLICATION/RECEIPT CARRY PERMIT FOR HANDGUN IN PUBLIC PLACE.
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7416.9950	MINNESOTA PERMIT TO CARRY HANDGUN.

### 7416.0100 APPLICATION FOR A HANDGUN TRANSFEREE PERMIT.

An application for a handgun transferee permit must be made on a form entitled "Minnesota Uniform Firearm Application/Receipt Transferee Permit or Report of Transfer for Firearms." A facsimile of the form is reproduced at part 7416.9911.

**Statutory Authority:** MS s 624.7151

**History:** 18 SR 390; 19 SR 1151

**Published Electronically:** January 25, 2000

## 7416.0200 PISTOL TRANSFEREE PERMIT.

A pistol transferee permit must be issued on a form entitled "Minnesota State Permit to Acquire Handguns From Federal Firearms Dealers." A facsimile of the form is reproduced at part 7416.9940.

**Statutory Authority:** MS s 624.7151

**History:** 18 SR 390

**Published Electronically:** January 25, 2000

# 7416.0300 REPORT OF TRANSFER OF A HANDGUN.

A report of transfer of a handgun must be made on a form entitled "Minnesota Uniform Firearm Application/Receipt Transferee Permit or Report of Transfer for Firearms." A facsimile of the form is reproduced at part 7416.9911.

**Statutory Authority:** MS s 624.7151

**History:** 18 SR 390; 19 SR 1151

## 7416.0400 APPLICATION FOR A PERMIT TO CARRY A PISTOL.

An application for a permit to carry a pistol must be made on a form entitled "Minnesota Uniform Firearm Application/Receipt, Carry Permit for Handgun in Public Place." A facsimile of the form is reproduced at part 7416.9931.

**Statutory Authority:** MS s 624.7151 **History:** 18 SR 390; 19 SR 1151

**Published Electronically:** January 25, 2000

# 7416.0500 PERMIT TO CARRY A PISTOL.

A permit to carry a pistol must be issued on a form entitled "Minnesota State Permit to Carry a Handgun." The permit, when issued, must be wallet sized and must be covered by plastic or some other material to protect against tampering or alteration of the permit. A facsimile of the form is reproduced at part 7416.9950.

Statutory Authority: MS s 624.7151

**History:** 18 SR 390

**Published Electronically:** January 25, 2000

**7416.9910** [Repealed, 19 SR 1151]

# 7416.9911 MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT TRANSFEREE PERMIT OR REPORT OF TRANSFER FOR FIREARMS.

A.

	TRANSI	TRANSFERE	T OR REPOR EE PERMIT (TYPE OR P	RINT ONLY)	ER FOR FIR	EARN R		CHECK TYPE  NEW RENEWAL
NOTICE TO APPLICANT: omitted pertinent informatic becomes prohibited from p authority. The waiting perio NOTICE TO LICENSED Di completed in addition to the	on, that person ossessing a pist d for reports of t EALER: This fo	may be subject tol under section ransfer will begin rm must be com	to criminal pro 624.713, in which on the date of the	secution. The trai ch event the holde he delivery of this irety or it will be o	nsferee permit or shall return the application to the lenied. The sec	shall be be perm ne chief	e void at it within fi of police	the time that the holder ve (5) days to the issuing or sheriff.
days or it will not be conside	ered.							
27 C 54 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			DEALER INF	ORMATION		2 100	100	
DEALERS NAME (BUSINESS NAME):			DEFICE III	CHICATION		FF LIC	ENSE NUMBI	ER:
DÉALER STREET ADDRESS:				CITY:		STATE		ZIP CODE:
APPLICANT'S IDENTITY VERIFIED BY	PICTURE ID: DA	TE OF AGREEMENT TO	O TRANSFER:	SIGNATURE OF DEALE	R REPRESENTATIVE	<u> </u>		
		DA	TA DOACTIC	ES ADVISORY	,			
The Minnesota Data Prac	tices Act reaui							
eligibility to possess a firea You may refuse to provide being processed. Informati error regarding older recore to other law enforcement a I HAVE READ AND UNDE	this information on regarding "pi ds. The informati gencies.	n; however shoul revious residence tion that you provi	addresses (pas ide will be used	st 10 years)" is opt by the licensing a	ional However	if prov	ided it wi	Il reduce the possibility of
APPLICANT SIGNATURE:						DATE	:	
	AUTHO	RIZATION FO	R RELEASE	OF COMMITME	NT INFORM	ΑΤΙΩ	N .	
As an applicant for a perm authorize the release of co possess a firearm and/or completed and will result in	nit to purchase mmitment inforr carry a handgu	a firearm, report nation maintained n, You may refus	ing the transfer f by the Commis se to provide th	of a firearm, or f	or a permit to	carry a	handgun	etermine your eligibility to
(type or print your name)     Services to disclose comm     assault weapon under Min     the background investigation	itment informati nesota Statute	\$624.713, subdiv	he information reision 1 to the lo	elates to my eligib cal police authority	ility to possess y reviewing this	a hand	aun or se	Commissioner of Human miautomatic military-style ne purpose of conducting
APPLICANT SIGNATURE:						DATE		
NOTE: This consent is sul reliance on it. If not previou	bject to revocati	on at any time es	xcept to the ext	ent that the Comm	nissioner of Hu	man Se	rvices ha	s already taken action in
NAME (LAST, FIRST, MIDDLE, JR/SR)		Α	PPLICANT IN	FORMATION	DATE OF BIRTH:			HOME PHONE NUMBER
MAIDEN NAME (IF APPLICABLE) OR	OTHER NAMES YOU	HAVE USED.			L			L
PRESENT RESIDENCE ADDRESS:			CITY:		COUNTY		STATE:	ZIP CODE
RACE: SEX:	IEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	MN DRIVERS LICE	NSE OR II	NUMBER:	
DISTINGUISHING PHYSICAL CHARAC	CTERISTICS (INCULD	ING SCARS, MARKS, T	ATTOOS, ETC):					
								·

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B.

	STORET ADDRESS	7	OITY	COUNT:	LOTATE	710.00	
	STREET ADDRESS		CITY	COUNTY	STATE	ZIP CC	ИE
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		[					
-	<del></del>				+		
_							
-	Have you been convicted of a crime of vice either (1) been restored to your civil rights If yes, complete the following information:	at least 10 y				🗆 NO	□ YE
	CONVICTION DATE(S):	CRIME(S):					
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):	L					
	Harris and harris and dated after \$ 11.11	1000 -1 -	to the land of the	- M O 000		П.,-	Ο
•	Have you been convicted after August 1, If yes, was the assault committed within the					∟ NO	∟ YE
	609.224 OR was the assault victim a fami					🗆 NO	□ YE
	If yes, complete the following information:						
	CONVICTION DATE(S):	CRIME(S):					
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):						
	Have you been convicted of a crime pun		prisonment for a term ex	reeding one year regar	diess of what		
						🗆 NO	□YE
	If yes, complete the following information:					🗌 NO	□ YE
						🗆 NO	□ YE
	If yes, complete the following information:					🗌 NO	□ YE
١.	If yes, complete the following information:	CRIME(S):					
	If yes, complete the following information: CONNICTION DATE(S)  LOCATION OF CONNICTION (CITY, COUNTY, STATE)  Have you ever been pardoned for a crime If yes, complete the following information:	of violence?					
	If yes, complete the following information: CONNICTION DATE(S): LOCATION OF CONVICTION (CITY, COUNTY, STATE): Have you ever been pardoned for a crime	CRIME(S):					
	If yes, complete the following information: CONNICTION DATE(S)  LOCATION OF CONNICTION (CITY, COUNTY, STATE)  Have you ever been pardoned for a crime If yes, complete the following information:	of violence?					
	If yes, complete the following information: CONNICTION BATE(S) LIGCATION OF CONNICTION (CITY, COUNTY, STATE)  Have you ever been pardoned for a crime If yes, complete the following information: PAROEN DATE LIGCATION OF ORIGINAL CONVICTION (CITY, COUNTY, S	OF VIOLENCE?  OF VIOLENCE?  ORIGINAL CHAR	σ <del>ε</del> :				
١.	If yes, complete the following information: CONNICTION DATE(S):  LOCATION OF CONNICTION (CITY, COUNTY, STATE):  Have you ever been pardoned for a crime If yes, complete the following information: PARONDATE:  LOCATION OF ORIGINAL CONNICTION (CITY, COUNTY, S	ORIGINAL CHARTATE:	ge:	een expunged, set asid	e or	🗆 NO	□Yŧ
	If yes, complete the following information: CONNICTION BATE(S)  LIGCATION OF CONNICTION (CITY, COUNTY, STATE)  Have you ever been pardoned for a crime If yes, complete the following information: PARCON CATE  LIGCATION OF CRIGNAL CONNICTION (CITY, COUNTY, STATE)  Under the law of the jurisdiction where yo  And of the particular of the particular of the law of the particular of the law of the the particular of the law of of t	ORIGINAL CHAR	as:	een expunged, set asid	e or	🗆 NO	□Yŧ
	If yes, complete the following information: CONNICTION BATE(S) LIGCATION OF CONNICTION (CITY, COUNTY, STATE) LIGCATION OF CONNICTION (CITY, COUNTY, STATE) IN STATE OF CONNICTION (CITY, COUNTY, STATE) LIGCATION OF GRIGINAL COUNTY, STATE LIGCATION OF GRIGI	OF VIOLENCE?  OF VIOLENCE?  OF VIOLENCE?  TATE:  U were convive restored?	of: cted, has your conviction b conviction has been expun	een expunged, set aside ged, set aside, or pardo	e or	🗆 NO	□Yŧ
	If yes, complete the following information: CONNICTION BATE(S)  LIGCATION OF CONNICTION (CITY, COUNTY, STATE)  Have you ever been pardoned for a crime If yes, complete the following information: PARCON CATE  LIGCATION OF CRIGNAL CONNICTION (CITY, COUNTY, STATE)  Under the law of the jurisdiction where yo  And of the particular of the particular of the law of the particular of the law of the the particular of the law of of t	OF VIOLENCES:  OF VIOLEN	cited, has your conviction by conviction has been expun or, possession, or sale of	een expunged, set asidd ged, set aside, or pardo a controlled substance	e or ned or that		□ YE
	If yes, complete the following information: CONNICTION DATE(S)  LOCATION OF CONNICTION (CITY, COUNTY, STATE)  Have you ever been pardoned for a crime If yes, complete the following information: PARDON DATE:  LOCATION OF ORGINAL CONNICTION (CITY, COUNTY, STATE)  Under the law of the jurisdiction where yo pardoned or have you had your civil rights (Attach a copy of documentation establish you have had your civil rights restored.)  Have you ever been convicted for the conviction for possession of small amount	OF VIOLENCES:  OF VIOLEN	cted, has your conviction b conviction has been expun p, possession, or sale of as defined in Minn. Stat.	een expunged, set aside ged, set aside, or pardo a controlled substance 152.01, subd. 16)?	e or med or that		□ YE
i.	If yes, complete the following information: CONNICTION BATE(S) LIGCATION OF CONNICTION (CITY, COUNTY, STATE) LIGCATION OF CONNICTION (CITY, COUNTY, STATE) LIGCATION OF CONNICTION (CITY, COUNTY, STATE) LIGCATION OF GRIGINAL CONNICTION (CITY, COUNTY, STATE) LIGCATION OF COUNTY, STATE LIGCATION	CRIME(S):  of violence?  ORIGINAL CHAR  TATE):  unlawful user convivi restored?  unlawful use of Marijuana s substance a	cted, has your conviction be conviction has been expun p, possession, or sale of a sa defined in Minn. Stat. ss defined in Chapter 152, mment for the habitual use.	een expunged, set asid ged, set aside, or pardo a controlled substance 152.01, subd. 16)? Minnesota Statutes? of a controlled substanc	e or ned or that e (other than		YE
i.	If yes, complete the following information: CONNICTION DATE(S)  LOCATION OF CONNICTION (CITY, COUNTY, STATE)  Have you ever been pardoned for a crime If yes, complete the following information: PARCON DATE:  LOCATION OF ORGINAL CONNICTION (CITY, COUNTY, STATE)  Under the law of the jurisdiction where yo pardoned or have you had your civil rights (Attach a copy of documentation establis) you have had your civil rights restored.  Have you ever been convicted for the conviction for possession of small amount Are you an unlawful user of any controlled Have you ever been hospitalized or committe If yes, attach proof that you have not abus Have you ever been confined or committe	CANNE(S):  of violence?  original char  tate:  u were convivi restored?  unlawful use of Marijuana d substance a  itted for trea sed a controll d to a treatm	cted, has your conviction b conviction has been expun p, possession, or sale of a as defined in Minn. Stat. is defined in Chapter 152, ment for the habitual use, de substance or marijuana ent facility in Minnesota or	een expunged, set aside ged, set aside, or pardo a controlled substance 152.01, subd. 16)? Minnesota Statutes? of a controlled substanc during the previous two elsewhere as 'chemica	e or ned or that s (other than or marijuana') years.		YE
5. 6. 7.	If yes, complete the following information: CONNICTION BATE(S) LIGCATION OF CONNICTION (CITY, COUNTY, STATE) LIGCATION OF CONNICTION (CITY, COUNTY, STATE) LIGCATION OF CONNICTION (CITY, COUNTY, STATE) LIGCATION OF GRIGINAL CONNICTION (CITY, COUNTY, STATE) LIGCATION OF COUNTY, STATE LIGCATION OF COUNTY, S	CRIME(S):  of violence?  ORIGINAL CHAR  TATE):  unlawful uses of Marijuane d substance a hitted for trea	cted, has your conviction be conviction has been expun in possession, or sale of as defined in Minn. Stat. as defined in Chapter 152, tment for the habitual use ed substance or marijuana ent facility in Minnesota or	een expunged, set asid ged, set aside, or pardo a controlled substance 152.01, subd. 16)? Minnesota Statutes? of a controlled substanc during the previous two elsewhere as "chemica	e or  ned or that e (other than e or marijuana? years.		YE

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9.	Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings?	🗆 NO	YES
10.	Are you a peace officer?	🗌 NO	YES
	chemical dependency?	. 🗆 NO	YES
	If yes, attach certificate from head of the facility discharging or provisionally discharging you from the facility.		
11.	Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally iil", "mentally retarded", or "mentally iil and dangerous to the public" person as defined in Minnesota Statute § 2538.02? If yes, attach proof you are no longer suffering from this disability.	🗆 NO	□ YES
	•		
12.	Have you been confined in a treatment facility as a "mentality iil", mentally retarded", or "mentally iil and dangerous to the public" person as defined in Minnesota Statute § 2538.02 or been found incompetent to stand trial or not guilty by reason of mental illness?	🗆 NO	☐ YES
13.	Have you ever been discharged from the armed forces of the United States under dishonorable conditions?	🗌 NO	YES
14.	Have you ever renounced your citizenship having been a citizen of the United States?	. 🗌 NO	YES
	I am (check one)		
J H	EREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS CORRECT UPO	N PENA	LTY OF
PH	SECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.		
SIG	NATURE OF APPLICANT: DATE:	_	
14.2	RESTRICTIONS	,X	8.7°.
The	following restrictions apply to the possession of firearms, to transferee permits and reports of transfer fi niautomatic military-style assault weapons, and permits to carry handguns.	or handg	uns and
•	Must be at least 18 years old to acquire or possess a handoun or a semiautomatic military-style asseult weapone, but under	federal lav	v must be
	at least 21 years old to acquire handguns from licensed dealers.  Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 824.712, subdivision 5) in Minn unless 10 years have eligased since your civil rights have been restored or your sentence has expired, and during that time	esota or e	elsewhere not beer
	convicted of any other crime of violence.  Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes § 609.224 in Minnesota or elsowhere sit (1) within 3 years of a previous assault conviction under Minnesota Statutes § 609.221 to 509.224; or (2) where the assault vin household member, unless 3 years have elapsed since the date of conviction and during that time you have not been conviction.		
١.	degree assault.  Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill, mentally retarded		
	dangerous to the public."		
	Must not have been either convicted in Minnesota or elsewhere of unlawful use, possession or sale of a controlled sub- possession of a small amount of marijurana), or hospitalizad or committed for treatment for the habibul use of a controlled sub- uniess you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that you have not abused a c during the past two years.	stance (c tance or r ontrolled s	ther than narijuana substance
•	Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemically dependent, unless y treatment.	ou have o	ompleted
•	Must not be a peace officer who has been informally admitted to a treatment facility for chemical dependency, unless you p from the head of the treatment facility discharging or provisionally discharging you from that facility.		
•	Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment for more than a year ( pertaining to antitust violations, unfair trade practices, restraints of trade, or similar offenses relating to the orgulation of unless your civil rights have been restored or the conviction has been pardoned, expunged, or set aside.	other than business	offense: practices
	Must not be fugitive from justice.  Must not be a user of any contolled substance as defined in Chapter 152 of Minnesota Statutes.		
٠	Must not be an alien who is illegally or unlawfully in the United States.		
•	Must not have discharged from the armed forces of the United States under dishonorable conditions.		
:	Must not have renounced your United States citizenship.  Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally retarded or mentally ill	l and dan	
The	psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability.	and can a medical	doctor or
•	following requirements, in addition to those stated above, also apply to permits to carry handguns: Must provide either a firearms safety conflicate recognized by the Department of Natural Resources, evidence of successful in of ability to use a firearm supervised by the chief of police, or sherift, or other satisfactory proof of ability to use a pixtle safety.	completion	of a test
	of ability to use a firearm supervised by the chief of police, or sheriff, or other satisfactory proof of ability to use a pistol sately.  Must have an occupation or personal safety hazard requiring a permit to carry.		
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	CUT MERE		
100	RECEIPT	49-1A8-1	0. 1. 10
1675.0	THE RESIDENCE OF THE PROPERTY	v	er to
IHE	REBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:		
Sigi	nature of person accepting application:		-44-
Dat	s: Time:		
Udi	o time:		
	This receipt <u>does not</u> constitute a permit to acquire, possess or carry firearms.		

**Statutory Authority:** MS s 624.7151

**History:** 19 SR 1151

**Published Electronically:** April 24, 2023

**7416.9920** [Repealed, 19 SR 1151]

Published Electronically: January 25, 2000

**7416.9930** [Repealed, 19 SR 1151]

# 7416.9931 MINNESOTA UNIFORM HANDGUN APPLICATION/RECEIPT CARRY PERMIT FOR HANDGUN IN PUBLIC PLACE.

A.

MINNESOTA UNIFORM HANDGUN APPLICATION/RECEIPT CARRY PERMIT FOR HANDGUN IN PUBLIC PLACE					NEW NEW			
	٠.		TYPE OR PR					RENEWAL
NOTICE TO APPLICANT omitted pertinent informat prohibited from possessir authority. The waiting peri shoulder photograph of the	ion, that person m ng a pistol under iod will begin on th	application will nay be subject section 624.7 he date that th	i be denied. In to to criminal prose	ne event an applecution. The perion the holder st	nit to carry shall b	e void a	at the time	alsified this application that the holder becomes
	9 396		NATA DDAGT	OFC ADVICE	nv.			
The Minnesota Data Pra	ctices Act requir		DATA PRACT					
As an applicant for a perr private and/or confidentia eligibility to possess a fire You may refuse to provid	mit to purchase a il data about yours sarm and/or carry a de this information	firearm, for re self which will a handgun. i; however she	porting the transi be used to check ould you refuse,	er of a firearm, of criminal historie	or permit to carry a es, arrest records, cannot be comp	and wa	rrant info	rmation to determine y
error regarding older reco to other law enforcement I HAVE READ AND UND	agencies.				g agency to comp	lete its ir	nvestigati	on, and may be convey
SIGNATURE:	ERSTAND THE A	ABOVE DATA	PHACTICES A	OVISORY.		T		
SIGNATURE.						DATE	:	
Section 1	AUTHOR	IZATION F	OR RELEASE	OF COMMIT	MENT INFORM	OITAN	N	2.26.47.47.99.4.2
I, (type or print your name Services to disclose commassault weapon under Mit the background investigat	nitment informatio	624./13, subo	division 1 to the	relates to my eli ocal police autho	gibility to possess ority reviewing this	a hand		Commissioner of Hum miautomatic military-st he purpose of conducti
SIGNATURE:						DATE		
NOTE: This consent is su reliance on it. If not previo	ubject to revocation	n at any time authorization	except to the ex	stent that the Co	mmissioner of Hu	ıman Se	arvices he	as already taken action
IAME (LAST, FIRST, MIDDLE, JR/SF					DATE OF BIRTH:			HOME PHONE NUMBER
MAIDEN NAME (IF APPLICABLE) OR	OTHER NAMES YOU H	AVE USED:						
PRESENT RESIDENCE ADDRESS			Сіту:		COUNTY:		STATE:	ZIP COD€
ACE:   SEX:	HEIGHT:	WEIGHT:					l	
			EYE COLOR:	HAIR COLOR:	MN DRIVERS LICE	NSE OR IE	O NUMBER:	
DISTINGUISHING PHYSICAL CHARA	ACTERISTICS (INCULDIN	NG SCARS, MARKS	S, TATTOOS, ETC):					
MTURE OF EMPLOYMENT/OCCUP	ATION OR PERSONAL S	SAFETY HAZARD F	REQUIRING CARRYING	OF A HANDGUN:				
F ON MISSEL COLUMN		DDEV	IOHE DECIDES	CE (DACT 40.)	TARON			
STREE	ET ADDRESS	FREY	IOUS RESIDEN	CITY	COUNT	Y	STATE	ZIP CODE
					+			1
			-					
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В.

1	<ol> <li>Have you been convicted of a crime of violence as defined in Minn. Stat. 624.712 in leither (1) been restored to your civil rights at least 10 years ago or (2) your sentence if yes, complete the following information:</li> </ol>		NO	☐ YES
1	CONVICTION DATE(S): CRIME(S):			
	LOCATION OF CONNICTION (CITY, COUNTY, STATE):			
2	Have you been convicted after August 1, 1992, of assault in the fifth degree under Mill fyes, was the assault committed within three years of a previous assault conviction upon the conviction of the convic		ОИ	☐ YES
	609.224 OR was the assault victim a family or household member?		Ои	YES
	CONVICTION DATE(S): CRIME(S):			
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):			
3	Have you been convicted of a crime punishable by imprisonment for a term exceed punishment was actually imposed?		ON	□ YES
1	If yes, complete the following information:			
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):			
4	Have you ever been pardoned for a crime of violence?  If yes, complete the following information:		ON	☐ YES
	PARDON DATE: ORIGINAL CHARGE:			
	LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, STATE):			
	Under the law of the jurisdiction where you were convicted, has your conviction been pardoned or have you had your civil rights restored?		NO	□ YES
	(Attach a copy of documentation establishing that the conviction has been expunged, you have had your civil rights restored.)			
5	<ol> <li>Have you ever been convicted for the unlawful use, possession, or sale of a conviction for possession of small amount of Marijuana as defined in Minn. Stat. 152.0</li> </ol>	ontrolled substance (other than 01, subd. 16)?	NO	YES
6	6. Are you an unlawful user of any controlled substance as defined in Chapter 152, Minn	pesota Statutes?	NO	YES
7	7. Have you ever been hospitalized or committed for treatment for the habitual use of a c If yes, attach proof that you have not abused a controlled substance or marijuana duri	controlled substance or marijuana? ng the previous two years.	ОИ	YES
8	Have you ever been confined or committed to a treatment facility in Minnesota or else as defined in Minn. Stat. 2538.02?		] NO	YES
	If yes, have you completed treatment?		NO	YES
9	9. Do you hold a firearms safety certificate? (If yes, attach copy thereof)		00 E	YES
10	Have you satisfactorily completed a practical test of your ability to use and care for fi enforcement agency? (If yes, attach proof of completion)		ON [	YES
11.	11. Have you fled from any state to avoid prosecution for a crime or to avoid giving testime	ony in any criminal proceedings?	] NO	YES
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12. Are you a peace officer?  If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statut	e 253B.04 for							
chemical dependency?								
13. Have you ever been committed to a treatment facility in Minnesota or eisewhere as a "mentally ill retarded", or "mentally ill and dangerous to the public" person as defined in Minnesota Statute § 2 if yes, attach proof you are no longer suffering from this disability.	", "mentally 253B.02? NO YES							
14. Have you been confined in a treatment facility as a "mentally ill", mentally retarded", or "mentally the public" person as defined in Minnesota Statute § 2538.02 or been found incompetent to stand reason of mental illness?	I trial or not guilty by							
15. Have you ever been discharged from the armed forces of the United States under dishonorable of	onditions?							
16. Have you ever renounced your citizenship having been a citizen of the United States?								
17. I am (check one)	Alien (Attach copy of documentation)							
I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIP PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	T IS CORRECT UPON PENALTY OF							
SIGNATURE OF APPLICANT:	DATE:							
RESTRICTIONS								
The following restrictions apply to the possession of firearms, to transferee permits and semiautomatic military-style assault weapons, and permits to carry handguns.	reports of transfer for handguns and							
<ul> <li>Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assa at least 21 years old to acquire handguns from licensed dealers.</li> </ul>	ault weapons, but under federal law must be							
<ul> <li>Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 624.712 unless 10 years have elapsed since your civil rights have been restored or your sentence has expir convicted of any other crime of violence.</li> </ul>	<ol> <li>subdivision 5) in Minnesota or elsewhere ed, and during that time you have not been</li> </ol>							
<ul> <li>Must not have been convicted of lifth-degree assault as defined in Minnesota Statutes § 699.224 in MI (1) within 3 years of a previous assault conviction under Minnesota Statutes § 690.221 to 690.224 or household member, unless 3 years have elapsed since the date of conviction and during that time yo degree assault.</li> </ul>	innesota or elsewhere since August 1, 1992: (2) where the assault victim was a family or u have not been convicted of any other fifth-							
<ul> <li>Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentidangerous to the public."</li> </ul>	ally ill, mentally retarded, or mentally ill and							
<ul> <li>Must not have been either convicted in Minnesota or elsewhere of un'awful use, possession or possession of a small amount of marijuana), or nospilaitace or committed for treatment for the habitus unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that during the past two years.</li> </ul>	I use of a controlled substance or marijuana							
<ul> <li>Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemistreatment.</li> </ul>	cally dependent, unless you have completed							
<ul> <li>Must not be a peace officer who has been informally admitted to a treatment facility for chemical defrom the head of the treatment facility discharging or provisionally discharging you from that facility.</li> </ul>								
<ul> <li>Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment ordatning to antitrust violations, unfair trade practices, restraints of trade, or similar offenses relat unless your civil rights have been restored or the conviction has been pardoned, expunged, or set asic</li> </ul>	ing to the regulation of business practices							
<ul> <li>Must not be fugitive from justice.</li> <li>Must not be a user of any contolled substance as defined in Chapter 152 of Minnesota Statutes.</li> </ul>								
Must not be a user or any contolled substance as defined in Chapter 152 or millinesota statutes.      Must not be an alien who is illegally or unlawfully in the United States.								
Must not have discharged from the armed forces of the United States under dishonorable conditions.								
Must not have renounced your United States citizenship.								
<ul> <li>Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, menta the public or found incompetent to stand trial or not guilty by reason of mental illness unless you pc psychiatris tilcensed in Minnesota, or other satisfactory proof that you no longer suffer from this disable.</li> </ul>	ossess a certificate from a medical doctor o							
The following requirements, in addition to those stated above, also apply to permits to carry handg  • Must provide either a firearms safely certificate recognized by the Department of Natural Resources, of ability to use a firearm supervised by the chief of police, or eheriff, or other satisfactory proof of ability	evidence of successful completion of a tes							
Must have an occupation or personal safety hazard requiring a permit to carry.	,,							
REVISED 8/94								
CUT HERE								
RECEIPT								
I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:								
Signature of person accepting application:								
Date: Time:								
This receipt <u>does not</u> constitute a permit to acquire, possess	or carry firearms.							

**Statutory Authority:** MS s 624.7151

**History:** 19 SR 1151

**Published Electronically:** April 24, 2023

# 7416.9940 MINNESOTA PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS.

# MINNESOTA STATE PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS

Name	Race/Sex				
Address					
D.O.B.	Height		Hair Color		
Scars/Marks	Weight		Eye Color		
Issuing Authority	Signature	_			
Issuing	A g e n c y	NOT VALID W QUALIFYING			
The permit holder is entitled to ac Statutes Sections 624.711 - 624			rms dealers pur	suant to Minnesota	
This Permit must be presented before the sale of the pistol may	_	e with other qua	alifying Minne	sota Identification	
Statutory Authority: MS History: 18 SR 390 Published Electronically:		0			

# 7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

### MINNESOTA STATE PERMIT TO CARRY A HANDGUN

РНОТО		Control #				
		Name				
	F	Race/	Sex			
	I	Addre:	ss			
	(	City_	<del></del>			
D.O.B.	Height		Hair Color			
Scars/Marks	Weight		Eye Color			
Signature of Permittee	<del></del>	Iss	uing Agency			
				•		
EXPIRES:		Iss	uing Authority Signature			
NOT VALID WIT	THOUT OTHER (					
NOT VALID WITHOUT OTHER QUALIFYING MINNESOTA ID  This Permit must be in the possession of the permittee when carrying a handgun under the authority granted hereon and within the restrictions noted on the reverse side.						
This Permit is granted to the permittee identified hereon solely for carrying a handgun during the following activities: Not valid when consuming alcohol or drugs.						
that if he/she hereaft pistol under Minnesota	ter becomes p a Statutes So and he/she :	prohi ectio shall	s Permit, the holder agrees bited from possessing a n 624.711, this Permit return this Permit to the after becoming so			

**Statutory Authority:** MS s 624.7151

**History:** 18 SR 390