CHAPTER 7416 DEPARTMENT OF PUBLIC SAFETY FIREARMS PERMITS

7416.0100	APPLICATION FOR A HANDGUN		PERMIT OR REPORT OF TRANSFER FOR
	TRANSFEREE PERMIT.		FIREARMS.
7416.0200	PISTOL TRANSFEREE PERMIT.	7416.9931	MINNESOTA UNIFORM HANDGUN
7416.0300	REPORT OF TRANSFER OF A HANDGUN.		APPLICATION/RECEIPT CARRY PERMIT
7416.0400	APPLICATION FOR A PERMIT TO CARRY A		FOR HANDGUN IN PUBLIC PLACE.
	PISTOL.	7416.9940	MINNESOTA PERMIT TO ACQUIRE
7416.0500	PERMIT TO CARRY A PISTOL.		HANDGUNS FROM FEDERAL FIREARMS
7416.9911	MINNESOTA UNIFORM FIREARM		DEALERS.
	APPLICATION/RECEIPT TRANSFEREE	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

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

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

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

7416.9910 [Repealed, 19 SR 1151]

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

A.

MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT TRANSFERE PERMIT OR REPORT OF TRANSFER FOR FIREARMS TRANSFEREE PERMIT REPORT OF TRANSFER TRANSFERE PERMIT REPORT OF TRANSFER TRANSFERE PERMIT REPORT OF TRANSFER TRANSFERE PERMIT REPORT ONLY) NOTICE TO APPLICANT: An incomplete application will be denied, in the event an applicant is found to have knowingly faisfilled this application, or omitted partisent information, that person may be subject to criminal prosecution. The transferee permit which live 15) days to the insuling unbridger prohibited from possessing a plated under section 624.713, in which event the holder shall return the permit within the (5) days to the insuling unbridger to the state of the delayer of this application to the chief of police or sheriff. NOTICE TO LICENSED DEALER: This form must be completed in its entirety or it will be denied. The section marked Dealer Information must be completed in addition to the applicant information. This application must be delivered to the law enforcement agency having jurisdiction within three (2) days of it will not be considered.							
DEALERS NAME (BUSINESS NAME)					FF LICENS	EE HUMBE	A
DEALER STREET ADDRESS.			arv;		STATE:		hir cook:
AND THE THE NO	DATE OF AGREEMENT TO	YRANSPER	SCHATURE OF BEALER	HEMRESENTATIVE.			
	DAT	A DDACTIC	ES ADVISORY	,			
The Minnesote Data Practices Act red							
As an applicant for a permit to purchase a finarm, for reporting the transfer of a finarm, or permit to carry a handgun, you are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records, and warrant information to determine your eligibility to possess a fixeam and/or carry a handgun. You may retuse to provide this information: however should you retuse, the investigation cannot be completed and will result in your application not being processed. Information regarding previous residence addresses (past 10 years) ¹² is optional. However, if provided, it will reduce the possibility of a corresponding older records. The information that you provide will be used by the iscensing agency to complete its investigation, and may be conveyed to other law enforcement agencies. HAME READ AND UNIDERSTAND THE ABOVE DATA PRACTICES ADVISORY.							
APPLICANT SIGNATURE:					DATE:		
ALTERIATION FOR DEL FLOR OF COMMITTEEN LINE OF LINE OF COMMITTEEN LINE							
AUTHORIZATION FOR RELEASE OF COMMITMENT INFORMATION As an applicant for a permit to purchase a lirearm, reporting the transfer of a lirearm, or for a permit to carry a handgun, you are being asked to authorize the release of commitment information maintained by the Commissioner of Human Seventices which will be used to determine your eligibility to possess a firearm explored carry a handgun, for may refuse to provide this authorization, however, should you refuse, the investigation carnot be completed and will result in your peptication not being processed.							
I, (type or print your name) Services to disclose commitment inform assault weapon under Minnesota Statut the background investigation required by	 6824,713, subdivis 				handgu	n or sec	
APPLICANT SIGNATURE:					DATE:		
NOTE: This consent is subject to revoc reliance on it. If not previously revoked, t	ation at any time ex- this authorization will	pept to the exte terminate upon	nt that the Commotification to the	nissioner of Hum applicant of the	nan Serv dental o	toes has	a already taken action in of this application.
		<u> </u>					·
HAME (LAST, FIRST, M.COLE, JR/SH)	AP	PLICANT IN	FORMATION	DATE OF BURTH.			HOME PHONE NUMBER
MARKH NAME OF APPLICANE B) ON OTHER NAMES YOU HAVE USED"							
PRESENT RESIDENCE ADDRESS CITY:				COUNTY:	•	TATE	zir cool
RACE SEX- HEIGHT	WEIGHT:	EVE COLOM	HAMP COLOR	MH DRIVERS LICEN	SE ON ION	UMBER	
STINGUESHUK PHYBICAL CHARACTER STICS (MCURDING SCAPS), MARKS, TATTOOS, ETC)							

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B.

	STREET ADDRESS		CITY		COUNTY	STATE	ZIP CO	DE
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_						1		
_			<u> </u>		<u> </u>	 		
			1			1 1		
						1		
1.	Have you been convicted of a crime of vic	lence as de	afined in Minn. Stat.	624 712 in l	Minnesota or elsewh	ere end not		
	either (1) been restored to your civil rights						□ NO	□ YES
	If yes, complete the following information:					•		
	ODMICTION DATE(S):	CREWE(S):						
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)							
	LOCATION OF CONFESTION (CITY, COOKITY, BIXIE)					1		
	L							
•	Have you been convicted after August 1.	1002 of see	aut in the fifth dean	aa undar Mi	no Ctul 800 2242		LJ MV	YES
2.	If yes, was the assault committed within the							□ +C3
	609.224 OR was the assault victim a famil						🗀 NO	☐ YES
	If yes, complete the following information:							
	CONVICTION DATE(S)	CHIME(S).						
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)	<u> </u>						
	TOCATION OF CONVICTION (CITY, GOONTY, STATE)					1		
	L <u>.</u>							
	Have you been convicted of a crime pun	lababla bu. :						
J.	punishment was actually imposed?	Shable by I	mpnsonment for a t	OIIII GAÇGGO	ing one year regard	liess of what		☐ YES
	If yes, complete the following information:							
	CONVICTION DATE(S)	CPENE(S)						
	L							
	LOCATION OF CONVICTION (CITY, COURTY, STATE).							
	L							
	Management to a select	-6	•				П.,,	□yes
₹.	Have you ever been pardoned for a crime if yes, complete the following information:	Ot ASDIBLIOR	r.,				UNU	U YES
	FAACON DATE:	ORGUNI OH	W.E.					
		l				- {		
	LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, B	ATE).						
	Under the law of the jurisdiction where you	ware conv	ricted, has your com	riction been	expunged, set aside	or	_	_
	pardoned or have you had your civil rights				-		🗌 NO	☐ YE\$
	(Attach a copy of documentation establish	ing that the	conviction has been	axpunged,	set aside, or pardor	ned or that		
	you have had your civil rights restored.)							
5.	Have you ever been convicted for the	untawful us	se, possession, or	sale of a o	ontrolled substance	(other than		
	conviction for possession of small amount						. 🗆 NO	YES
В	Are you an unlawful user of any controlled	substance	as defined in Chant	er 152 Mini	nesota Statides?		Пио	TYES
	•							
' .	Have you ever been hospitalized or committyes, attach proof that you have not abus						ar. UNO	⊔ YES
_	•			•	• •	•		
8.	Have you ever been confined or committee	d to a treat	ment facility in Minne	sole or else	where as "chemical	ly dependent		
	as defined in Minn. Stat 253B 02? If yes, have you completed treatment?						ON	DVES
	you, you completed seathfull				· · · · · · · · · · · · · · · · · · ·			
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MINNESOTA RULES 1999

7416.9911 FIREARMS PERMITS

C.

9.	Have you flod from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings? \square NO	YES				
10.	Are you a peace officer?	∏YES				
	chemical dependency? Use a stack certificate from head of the facility discharging or provisionally discharging you from the facility.	YES				
,,	Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally ill", "mentally					
	retarded*, or 'mentally till and dangerous to re buckle' person as defined in Minnesota Statute § 253B.02?	□ YES				
12	Have you been confined in a treatment facility as a "mentally lift, mentally related", or "mentally lift and dangerous to the public prenon as defined in Manezota Statute § 2538.02 or been found incompetent to stand trial or not guilty by reason of mental lifess?	YES				
13.	Have you ever been discharged from the armed forces of the United States under dishonorable conditions? \square NO	YES				
14.	Have you ever renounced your citizenship having been a citizen of the United States?	YES				
	lam (check one) American Citizen Lagal Resident Alien (Attach copy of docu					
	ereby appirm that the information provided on this application/receipt is correct upon pen. Osecution and/or voiding of any permit issued hereunder.	ALTY OF				
8:0	INATURE OF APPLICANT: DATE:					
	RESTRICTIONS					
The	e following restrictions apply to the possession of finance, to transferoe permits and reports of transfer for hand	guns and				
	misutomatic military-style assault weapons, and permits to carry handguns. • Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault weapons, but under federal ti	ew must be				
	al least 21 years old to acquire handguns from icensed dealers. Must not have been convicted of a crime of violence (as defined in Minnesota Statutes \$ 824.712, subdivision 5) in Minnesota or	elsewhere				
	unless 10 years have elapsed since your civil rights have been restored or your sentence has expired, and during that time you have connected of any other crime of violence.	e not been				
	 Must not have been convicted of lifth-degree assault as defined in Minnasota Statutes § 500 224 in Minnasota or alsowhere since August 1, 1992. (ii) within 3 years of a previous assault conviction under Minnasota Statutes § 500 225 to 600 225; or (c) where the assault drown was 1 sample or household member, unless 3 years have elapsed since the date of conviction and during that time you have not been convicted oil any other (firth-degree assault). 					
١ ٠	 Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill, mentally retarded, or mendangenous to the public." 	tally il and				
•	The second control of					
'	 Must not have been confined or committed to a treatment facility in Minnesota or alsewhere as chemically dependent, unless you have completed treatment. 					
•	 Must not be a peace officer who has been elemantly admitted to a treatment facility for chamical dependency, unless you possess a certificals 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 prime punishable by improgramment for more than a year (other than offense perfaining to artiflust violations, unter sade practices, restraints of trade, or santiar offenses relating to the regulation of business practices unless your drief rights here been restored or the conviction has been participed, expurged, or set satisfies. 					
	 Must not be a user of any contelled substance as defined in Chapter 152 of Minnasota Statutes. 					
	 Must not be an allen who is litegally or unitawitchy in the United States. 					
	Must not have discharged from the armed forces of the United States under dishonorable conditions. Must not have represent units I felted States editionship.					
•	 Must not have renounced your United States officenship. Must not have been confidence to a treatment storight in Munescala or elements as mentally it mentally related or mentally it and dangerous to the public or found incompetent to stand trial or not guilty by reason of mental times unless you possess a certificate from a medical doctor or psychiatrial tolerand in Munescala, or other seaffactory proof that you no longer suffer from this described. 					
	e following requirements, in addition to those stated above, also apply to permits to carry handguns: • Must provide either a firearms safety cartificate recegnized by the Department of Natural Resources, evidence of successful completi	on of a test				
	of ability to use a finearm supervised by the chief of police, or shertfl, or other satisfactory proof of ability to use a pustol sately. Must have an occupation or personal safety hazerd requiring a permit to carry.					
ч—	EED NO					
	CIT HERE					
	DCCEINT					
	RECEIPT					
I HE	HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:					
Sig	gnature of person accepting application:					
Da	te:Time:					
	This receipt does not constitute a permit to acquire, possess or carry firearms.					

Statutory Authority: MS s 624.7151

History: 19 SR 1151

7416.9920 [Repealed, 19 SR 1151]

7416.9930 [Repealed, 19 SR 1151]

FIREARMS PERMITS 7416.9931

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

CHECK TYPE				
NEW				
RENEWAL				

(TYPE OR PRINT ONLY)

NOTICE TO APPLICANT: An incomplete application will be denied, in the event an applicant is found to have knowingly tatalfied this application, or

omited pertinent information, that person may be subject to criminal prosecution. The permit to carry shall be void at the time that the holder becomes prohibited from possessing a platfol under section 624.713, in which event the holder shall return the permit within five (5) days to the application authority. The waiting period will begin on the date that this application is submitted. This application is valid only with a recent 1" x 1" color head-and- shoulder photograph of the applicant attached.						
DATA PRACTICES ADVISORY						
The Minnesota Data Practices Act requires						
As an applicant for a permit to purchase a fire private and/or confidential data about yoursel eligibility to possess a firearm and/or carry a h	earm, for reporting the tri if which will be used to ch handgun,	ensfer of a firearm, or p neck criminal histories,	ermit to carry a ha arrest records, and	warrant infon	mation to determine your	
You may refuse to provide this Information; however should you refuse, the Investigation cannot be completed and will result in your application not being processed. Information regarding "previous residence addresses (past 10 years)" is optional. However, it provided it will reduce the possibility of entor regarding older records. The Information that you provide will be used by the itemsting agency to complete its investigation, and may be conveyed to other law enforcement agencies. HAME READ AND UNIDERSTAND THE ABOVE DATA PRACTICES ADVISORY.						
SIGNATURE:			0	ATE:		
AUTHORIZ	ZATION FOR RELEA	SE OF COMMITME	ENT INFORMAT	ION		
authorze the release of commitment information possess a firearm and/or carry a handgun, completed and will result in your application in it. (type or print your name) Services to disclose commitment information	As an applicant for a permit to purchase a firearm, reporting the transfer of a firearm, or for a permit to carry a handgun, you are being asked to authorize the release of commitment information maintained by the Commissioner of Human Services which with be used to determine your eligibility to possess a firearm and/or carry a handgun, You may refuse to provide this authorization; however, should you refuse, the investigation cannot be compileted and will result in your application not being processed. I, (type or print your name) Services to disclose commitment information to the extent the information relates to my eligibility to possess a handgun or semilatiomatic mitiary-style assault weepon under Minnesote Statute \$624.713, subdivision 1 to the local police authority reviewing this application for the purpose of conducting					
BIGNATURE:			0	ATE:		
NOTE: This consent is subject to revocation reliance on it. If not previously revoked, this as						
NAME DAST, FIRST, M DOLE, JAJSR)			DATE OF BATH		HOME PHONE HUMBER	
MADEN HAME OF APPLICABLE) OR OTHER NAMES YOU HAV						
PRESENT RESIDENCE ADORESS	ary		COUNTY.	STATE:	ar cook	
RACE SEX HEIGHT WE	FIGHT: EYE COLOR	HAIR COLOR	MM DAIVERS LICENSE	CR ID NUMBER		
	DESINGUES ANTROLIC CHARACTERISTICS SPECICIONS SCARS MARKS VATIOUS ETC)					
MATURE OF EMPLOYMENT/OCCL/PATION OR PERSONAL SAI	PETY HAZARD REQUIRING CARF	TYING OF A HANDGUN				
PREVIOUS RESIDENCE (PAST 16 YEARS)						
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE	
,						
·			 -		<u> </u>	
			 -			

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MINNESOTA RULES 1999 7416.9931 FIREARMS PERMITS

В.

1.	 Have you been convicted of a crime of violence as defined in Minn. Stat. 824.712 in Minnesota or elsewhere and not elither (1) been restored to your civil rights at least 10 years ago or (2) your sentence expired at least 10 years ago? If yes, complete the following information: 			YES
l	CHNE(8).			
	LOCATION OF CONMICTION (CITY, COCKITY, ETATE)			
2	Have you been convicted after August 1, 1992, of assault in the fifth degree under Minn If yes, was the assault committed within three years of a previous assault conviction under the conviction of the con	ier Minn. Stat. 609.221 to		
İ	809.224 OR was the assault victim a family or household member?	U	NO	□ 4F2
	COMMUNION DIVINES: OWNERS:			
•	LOCATION OF CONNECTION (CITY, COUNTY, BYATES	·		
3.	Have you been convicted of a crime punishable by imprisonment for a term exceeding punishment was actually imposed? If yes, complete the following information:	g one year regardless of what	NO	YES
1	CRUME(8):			
	TODATION OF CONNECTION (CITY, COUNTY, BYATE).			
4.	Have you ever been pardoned for a crime of violence?		NO	YES
	PAROON DATE: ORIGINAL CHARGE.			
	LOCATION OF CANDINAL COMMICTION (CITY, COUNTY, STATE).			
	Under the law of the jurisdiction where you were convicted, has your conviction been ex pardoned or have you had your civil rights restored? (Attach a copy of documentation establishing that the conviction has been expunged, so		ON	YES
	you have had your civil rights restored.)	is assue, or parabillion or that		
5.	 Have you ever been convicted for the unlawful use, possession, or sale of a con conviction for possession of small amount of Marijuana as defined in Minn. Stat. 152.01 		NO	□ yes
6.	6. Are you an unlawful user of any controlled substance as defined in Chapter 152, Minner	sota Statutes?	NO	YES
7.	 Have you ever been hospitalized or committed for treatment for the habitual use of a co- if yes, attach proof that you have not abused a controlled substance or marijuana during 		NO	YES
a	Have you ever been confined or committed to a treatment facility in Minnesota or elsew as defined in Minn. Stat. 2538.02?		ON	□ yes
	If yes, have you completed treatment?		NO	□ YES
9.	9. Do you hold a firearms safety certificate? (If yes, attach copy thereof)		МО	YES
10.	Have you satisfactorily completed a practical test of your ability to use and care for fire enforcement agency? (If yes, attach proof of completion)	arms as approved by this law	NO	YES
11.	11. Have you fled from any state to avoid prosecution for a crime or to avoid giving testimor	y in any criminal proceedings?	NO	YES
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C.

_						
12.	Are you a peace officer?	⊔NO	□ YES			
		. 🗆 мо	∃YES			
	If yes, attach certricate from head of the facility discharging or provisionally discharging you from the facility.					
13.	Have you ever been committed to a treatment facility in Minnesods or elsewhere as a "mentally Et", "mentally extended," or mentally ill and diagnosus to the public person as defined in Minnesods Statute § 2538.02? If yes, attach proof you are no longer suffering from this disability.	□NO	□ YES			
14.	Have you been confined in a treatment facility as a "mentally ill", mentally retarded", or "mentally ill 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 libress?	Пио	□YES			
15	Have you ever been discharged from the armed forces of the United States under dishonorable conditions?	□ю	□ YES			
18.	Have you ever renounced your citizenship having been a citizen of the United States?	□ĸo	☐ YES			
17.	1 am (check one)	of docum	entation)			
	EREBY AFFIRM THAT THE, INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS CORRECT UPO DESCUTION AND/OR VOIDING OF ANY PERMIT ISBUED HEREUNDER.	N PENA	LTY OF			
500	NATURE OF APPLICANT: DATE:					
_	RESTRICTIONS					
The	e following restrictions apply to the possession of fivearms, to transferee permits and reports of transfer 8 infautomatic military-anyle assault weapons, and permits to carry handguns.	or handg	une and			
	Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault weapons, but under at least 21 years old to acquire handguns from loonsed desiers	fector al lav	v must be			
٠	Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 624.712, subdivision 5) in Winn unless 10 years have elapsed ence your chill rights have been restored or your sentence has expired, and during their time committed of in yother crime of violence.	esota or i you have	o'sewhere not been			
•	Must not have been connoted of fron-degree assault as defined in Monesola Statutes \$ 609.204 in Monesola or elsewhere at (1) within 3 years of a specials assault conviction under Minesola Salazina § 609.201 to 609.224 (or (2) where the assault with household reminest, unless 3 years have allegated anoth the date of controlled and during that the top top have no been controlled.	ctim was a	family or			
•	Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mantally committed to a treatment facility in Minnesota or elsewhere as "mantally committed denoerous to the public."	l, or menti	a ty ill and			
•	dangerous to the public." Must not have been either convicted in Minnesota or elsewhere of unlawful use possession or sale of a controlled substance (other than possession of a small amount of marguans), or hospita used or committed for treatment for the habitual use of a controlled substance or marguans, unless you possess a certificate from a medical doctor or psychiatrist, or other sall sfactory proof, that you have not abused a controlled substance during the past they seen.					
•	 Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemically dependent, unless you have completed treatment 					
•	 Must not be a peace officer who has been informatly admitted to a treatment facility for chemical dependency, unless you possess a certificate 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 other punishable by imprisonment for more than a year (other than offenses pertaining to artitural violations, urdair trade practices, resistants of bade, or similar offenses relating to the regulation of business practices) unless your CVF rights have been relateded of the conviction has been perdoned, expuriged, or set state; 					
	Must not be lugitive from justice. Must not be a user of any controlled substance as defined in Chapter 152 of Minnesota Statutes.					
	Must not be an alien who is liegalty 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 chizenship. Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally relarded or mentally it and dangerous to 					
l	the public or found incompetent to stand trial or not guilty by reason of mental illness unless you possess a certificate from psychiatrist illnessed in Minnesota, or other eaststactory proof that you no longer suffer from this disability.	a medical	goctor or			
	s following requirements, in addition to those stated above, also apply to permits to carry handguns: Must provide either a finarms safety certificate recognized by the Department of Natural Resources, evidence of successful	completo	of a test			
	of ability to use a firearm supervised by the chief of police, or sheriff, or other salisfactory proof of ability to use a pistol safety. Must have an occupation or personal safety hazard requiring a permit to carry.					
REVE	SED WIM					
	= CUTHENS · · ·		•••			
	RECEIPT					
I HE	I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:					
Siç	Signature of person accepting application:					
D»	to:		i i			
-						
	This receipt does not constitute a permit to acquire, possess or carry lirearms.					

Statutory Authority: MS s 624.7151

History: 19 SR 1151

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		City
D.O.B.	Height	Hair Color
Scars/Marks	Weight	Eye Color
Issuing Authority Sig	mature Sign	ature of Permittee
Issuing Agency	тои	VALID WITHOUT OTHER IFYING MINNESOTA ID
The permit holder is firearms dealers purs 624.711 - 624.718 unt	suant to Minnesot	ire handguns from federal a Statutes Sections
This Permit must be p qualifying Minnesota may be completed.		permittee with other efore the sale of the pistol

Statutory Authority: MS s 624.7151

History: 18 SR 390

7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

MINNESOTA STATE PERMIT TO CARRY A HANDGUN

		Control #				
PHOTO		NameRace/Sex				
		Address				
		City				
D.O.B.	Height	Hair Color				
Scars/Marks	Weight	Eye Color				
Signature of Permi	ttee	Issuing Agency				
EXPIRES:	e de grande grande g					
\$ 30000 mmoder 1	** ***********************************	Issuing Authority Signature				
NOT VALID	WITHOUT OTH	HER QUALIFYING MINNESOTA ID				
	under the a	ssession of the permittee when authority granted hereon and within reverse side.				
		Permit to Carry a Handgun ↓				
	dgun during	permittee identified hereon solely the following activities: Notor drugs.				
# ************************************						
<u> </u>		And the second of the second o				
As a condition for the issuance of this Permit, the holder agrees that if he/she hereafter becomes prohibited from possessing a pistol under Minnesota Statutes Section 624.711, this Permit becomes null and void and he/she shall return this Permit to the issuing authority within five (5) days after becoming so prohibited.						

Statutory Authority: MS s 624.7151

History: 18 SR 390