# CHAPTER 7416 DEPARTMENT OF PUBLIC SAFETY FIREARMS PERMITS

7416.0100		7416.9931	MINNESOTA UNIFORM HANDGUN
	PERMIT.		APPLICATION/RECEIPT CARRY PERMIT FOR
7416.0200	PISTOL TRANSFEREE PERMIT.		HANDGUN IN PUBLIC PLACE.
7416.0300	REPORT OF TRANSFER OF A HANDGUN.	7416.9940	MINNESOTA PERMIT TO ACQUIRE HANDGUNS
7416.0400	APPLICATION FOR A PERMIT TO CARRY A		FROM FEDERAL FIREARMS DEALERS.
	PISTOL.	7416.9950	MINNESOTA PERMIT TO CARRY HANDGUN.
7416,0500	PERMIT TO CARRY A PISTOL.		
7416.9911	MINNESOTA UNIFORM FIREARM		
	APPLICATION/RECEIPT TRANSFEREE PERMIT		
	OR REPORT OF TRANSFER FOR FIREARMS.		

#### 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7416.9910 [Repealed, 19 SR 1151]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 FIREARMS PERMITS

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

MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT CHECK TYPE TRANSFEREE PERMIT OR REPORT OF TRANSFER FOR FIREARMS ☐ NEW TRANSFEREE PERMIT REPORT OF TRANSFER RENEWAL (TYPE OR PRINT ONLY) NOTICE TO APPLICANT: An incomplete application will be denied. In the event an applicant is found to have knowingly fatsified this application, or omitted pertinent information, that person may be subject to oriminal prosecution. The transferee permit shall be void at the time that the holder becomes prohibited from possessing a pistol under section 624.713, in which event the holder shall return the permit within five (5) days to the issuing authority. The waiting period for reports of transfer will begin on the date of the delivery 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 (3) days or it will not be considered. DEALER INFORMATION DEALERS NAME (BUSINESS NAME): ET I KENSE MILITER DEALER STREET ADDRESS: BTATE ZIP CODE APPLICANT'S IDENTITY VERIFIED BY PICTURE ID: | DATE OF AGREEMENT TO TRANSFER: SIGNATURE OF DEALER REPRESENTATIVE ☐ YES □ NO **DATA PRACTICES ADVISORY** The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for a permit to purchase a firearm, for reporting the transfer of a firearm, 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 firearm and/or carry a handgun. 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, if provided, it will reduce the possibility of error regarding older records. The information that you provide will be used by the licensing agency to complete its investigation, and may be conveyed to other law enforcement agencies. I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY. APPLICANT SIGNATURE DATE: **AUTHORIZATION FOR RELEASE OF 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 will 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 completed and will result in your application not being processed. authorize the Commissioner of Human Services to disclose commitment information to the extent the information relates to my eligibility to possess a handgun or semiautomatic military-style assault weapon under Minnesota Statute \$624.713, subdivision 1 to the local police authority reviewing this application for the purpose of conducting the background investigation required by Minnesota Law. APPLICANT SIGNATURE: NOTE: This consent is subject to revocation at any time except to the extent that the Commissioner of Human Services has already taken action in reliance on it. If not previously revoked, this authorization will terminate upon notification to the applicant of the denial or grant of this application. APPLICANT INFORMATION HALLE II ART FIRST LUTER F IRISERY OATE OF BOTH JOSE DANGE WHERE ACTION NAME OF APPLICABLE) OR OTHER NAMES YOU HAVE USED RESENT RESIDENCE ADDRESS COLUMN TV RTATE אס לי מיל

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#### 7416.9911

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	STREET ADDRESS		CITY	COUNTY	STATE	ZIP CO	DE
			<del></del>	<del></del> _	<del> </del>		
			<del></del>	<del></del>	1		
					·		
					1 1		
					<del>                                     </del>		
					1 _ L _		
1.	Have you been convicted of a crime of vic						
	either (1) been restored to your civil rights if yes, complete the following information:		years ago or (2) your sentence (	expired at least 10 y	ears ago?	□ NO	YES
	CONNICTION DATE(S)	CRIME(8):			<del></del>		
					(		
	LOCATION OF CONVICTION (CITY, COUNTY, STATE).						
	L						
_						П	
2	Have you been convicted after August 1, if yes, was the assault committed within the					. 🗆 но	□ YES
	609 224 OR was the assault victim a fami				5.22110	ON 🗔 .	YES
	If yes, complete the following information:						
	CONVICTION DATE(S)	CRIME(S):					
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)	<u> </u>	<del></del>				
	TOCKTON CONTINUE (CITY, COOKITY, BIXTE)						
	<u> </u>						
3.	Have you been convicted of a crime pun	Ishable by is	mprisonment for a term exceed	ing one year regard	lless of what		
	punishment was actually imposed?.	•		• .			☐ YES
	If yes, complete the following information:						
	CONVICTION DATE(S).	CRIME(S)			}		
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):	ــــــــــــــــــــــــــــــــــــــ					
	· · · · · · · · · · · · · · · · · · ·						
4.	Have you ever been pardoned for a crime		?			. 🗆 no	☐ YES
	If yes, complete the following information:	ORIGINAL CHÁ					
	PARIDON DATE:	OHIGINAL CHA	AGE.		I		
	LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, 8	TÂTE).					
					]		
	Under the law of the jurisdiction where yo	u were conv	icted, has your conviction been	expunged, set aside	or		
	pardoned or have you had your civil rights					□NO	□ YES
	(Attach a copy of documentation establish	ning that the	conviction has been expunged,	set aside, or pardo	ned or that		
	you have had your civil rights restored.)						
5.	Have you ever been convicted for the	uniawfui us	e, possession, or sale of a or	ontrolled substance		_	_
	conviction for possession of small amount	t of Marljuan	a as defined in Minn. Stat. 152.	01, subd. 16)?		. 🗆 ио	YES
6	Are you an unlawful user of any controlled	d substance	as defined in Chapter 152, Minr	resota Statutes?		🗆 но	YES
7.	Have you ever been hospitalized or comm	nitted for trea	atment for the habitual use of a	controlled substance	or marijuana?	ON 🔲 .	YES
	If yes, attach proof that you have not abus						20
8.	Have you ever been confined or committee	ed to a treate	nent facility in Minnesota or else	where as "chemics	ly dependent*		
	as defined in Minn, Stat. 253B.027 .				.,	. 🗆 NO	YES
	If yes, have you completed treatment?					🗀 NO	YES

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#### 7416.9911 FIREARMS PERMITS

	C.							
9	have you fled from any state to avoid prosecution for a office or to avoid giving testimony in any criminal proceedings?	□NO	YES					
10	). Are you a peace officer?	.□ NO	□yes					
	If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute 2538.04 for chemical dependency?  If yes, attach ordificate 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 ill", "mentally retarded", or "mentally ill and dangerous to the public" person as defined in Minnesota Statute § 2538.02?	□ NO	YES					
12	. Have you been confined in a treatment facility as a "mentaby at", 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 illness?	□ио	□ 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					
15	i. I 8m (check one)	of docum	entation)					
11	vereby affirm that the information provided on this application/receipt is correct upof rosecution and/or voiding of any permit issued mereunder.	PENA	LTY OF					
	IGNATURE OF APPLICANT: DATE:							
_								
$\vdash$	- Committee of the comm		•					
84	he following restrictions apply to the possession of firearms, to transferse permits and reports of transfer fo emiautomatic military-style assault weapons, and permits to carry handguns.	-						
	<ul> <li>Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault weapons, but under to at least 21 years old to acquire handguns from ticensed dealers.</li> </ul>							
	<ul> <li>Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 824.712, subdivision 5) in Minne unless 10 years have elapsed since your civil rights have been restored or your sentence has expired, and during that time convicted of any other crime of violence.</li> </ul>	you have	not been					
	<ul> <li>Must not have been convicted of lifth-degree assett as defined in Minnesota Statutes § 509.224 in Minnesota or stage-here air (1) within 3 years of a previous assett conviction under Minnesota Statutes § 509.221 to 509.224; or (2) where the pasted tive household member, unless 3 years have elapsed since the date of conviction and during that time you have not been convicte degree assett.</li> </ul>	on Augus lim was a d of any c	t 1, 1992 I family or other fifth-					
	<ul> <li>Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill, mentally related, dangerous to the public."</li> </ul>	ar ments	ully \$1 and					
	<ul> <li>Must not have been either convicted in Minnesotta or elsewhere of unlawful use, possession or sale of a controlled sub- possession of a small amount of marijuant, or hospitalized or committed for treatment for the habitual use of a controlled subsituation you possess a certificate from a medical doctor or psychiatrist, or other salisfactory proof, that you have not abused a columing the past two years.</li> </ul>	ance or n	narijuans,					
	<ul> <li>Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemically dependent, unless yet reatment.</li> </ul>	ou have c	ompleted					
	<ul> <li>Must not be a peace officer who has been informably admitted to a treatment facility for chemical dependency, unless you po from the head of the treatment facility discharging or provisionably discharging you from that facility.</li> </ul>	33033 8	certicate					
}	<ul> <li>Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment for more than a year (or pertaining to antitrust violations, untair trade practices, restraints of trade, or similar orfenses relating to the regulation of bunless your civil rights have been restored or the conviction has been partned, or sail satisf.</li> </ul>	ther than pusiness (	offenses practices)					
	Must not be fuggive from justice							
	Must not be a user of any contolled substance as defined in Chapter 152 of Minnesota Statutes.  Must not be an alien who is illegally or unlawfully in the United States.							
	<ul> <li>Must not have discharged from the armed forces of the United States under dishonorable conditions.</li> </ul>							
	<ul> <li>Must not have renounced your United States citizenship.</li> <li>Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally iii, mentally retarded or mentally ii the public or found incompetent to stand trial or not guilty by reason of mental liness unless you possess a certificate from a psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability.</li> </ul>	and dan	gerous to doctor or					
T	he following requirements, in addition to those stated above, also apply to permits to carry handguns:  Must provide either a litrearms active postficate recognized by the Department of Natural Resources, evidence of successful of ability to use a litrearm supervised by the other of police, or sherlft, or other satisfactory proof of ability to use a pration safely.	ompletion	of a test					
L	Must have an occupation or personal safety hazard requiring a permit to carry.							
RE\	NSEO APA							
	RECEIPT	<del>, -:</del>						
LH.	IEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:							
Γ.								
Si	ignature of person accepting application:							

Statutory Authority: MS s 624.7151

History: 19 SR 1151

**7416.9920** [Repealed, 19 SR 1151] **7416.9930** [Repealed, 19 SR 1151]

This receipt does not constitute a permit to acquire, possess or carry firearms.

# 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 fatalised this application, or omitted pertinent information, that person may be subject to criminal prosecution. The permit to carry shall be vold at the time that the holder becomes prohibited from possessing a pistol 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.									
· ·			₹ 7 D	ATA PRACTI	CES ADVISOR	Y			34 35 4 T
The Minness	ta Data Pri	ectices Act requ			tollowing inform				<del></del>
As an applica private and/o	nt for a per confidentit	mit to purchase	a firearm, for rec irself which will i	orting the transf	er of a firearm, or	permit to carry s			e being asked to provide 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, if provided, it will reduce the possibility of error regarding older records. The information that you provide will be used by the licensing agency to complete its investigation, and may be conveyed to other taw enforcement agencies.									
I HAVE REAL	DAND UND	DERSTAND THE	ABOVE DATA	PRACTICES A	OVISORY.				
SIGNATURE:		<u> </u>					DATE:		
		AUTHO	RIZATION F	OR RELEASE	OF COMMITM	IENT INFORM	MATION	1	· · · · ·
authorize the possess a fir completed an I, (type or prir	release of c earm and/o d will result at your name	commitment info or carry a handg in your applicati e)	mation maintain un, You may re on not being pro	ed by the Communities to provide cessed.	issioner of Huma this authorization;	n Services which however, shoul	will be u ld you re	sed to de fuse, the orize the	you are being asked to stermine your eligibility to investigation cannot be Commissioner of Human
assault weap	on under M	mitment informa innesota Statute ition required by	§624.713, subd	t the information livision 1 to the I	relates to my etig ocal police author	ibility to possess ity reviewing this	a handg applicat	un or ser tion for th	niautomatic military-style re purpose of conducting
SIGNATURE:							DATE:		
									s already taken action in of this application.
NAME (LAST, FIRS	F, MIDDLE, JPVS	3A):				DATE OF BIRTH.			HOME PHONE NUMBER.
MALDEN NAME OF	APPLICABLE) O	R OTHER HAMES YO	J HAVE USED		. <u> </u>	<u> </u>			<u> </u>
PRESENT RESIDER	CE ADDRESS			CITY:		COUNTY.	—	STATE	ZIP CODE
				1		ŀ	ľ		
RACE:	SEX.	HEKIHT.	WEIGHT	EVE COLOR	HAIR COLOR	MIN DRIVERS LICE	ENSE OF ID	NUMBER	
DISTINGUISHING P	HYSICAL CHAP	LACTERISTICS (INCUL	DÍNG SCARS, MARKS	S, TÁTTOOS, ETC):					
				<del></del>					
NATURE OF EMPL	DYWENT/OCCU	PATION OR PERSON	AL BAFETY HAZARD F	EQUIRING CARRYING	OF A HANDGUN:				
			PREV	IOUS RESIDE	ICE (PAST 10 Y				
	STRE	EET ADDRESS			CITY	COUNT	Y	STATE	ZIP CODE
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#### 7416.9931 FIREARMS PERMITS

B.

		. <del> </del>		
1.	either (1) been restored to your civil rights at least	as defined in Minn. Stat. 824.712 in Minnesota or elsewhere <b>and not</b> at 10 years ago or (2) your sentence expired at least 10 years ago?	🗆 NO	YES
	If yes, complete the following information:			
	CONVICTION DATE(8): CRIME(S	):		
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)			
,	Unite you have consisted offer August 1, 1002 a	f assault in the fifth degree under Minn. Stat. 609.224?		□ vee
2	If we was the agent committed within three was	ars of a previous assault conviction under Minn. Stat. 609.221 to	,,	C 153
	800 334 OR was the propert victim a family or be	usehold member?	□ NO	□vee
	If yes, complete the following information:	OSCIONO INCIDES /		U 153
	CONNECTION DATE(S): CRIME(S	·		
	CHINE(S)	PF		
	LOCATION OF CONNICTION (CITY, COUNTY, STATE):			
1	DOCATION OF CONVICTION (CITY, COOKIT, BIXTE):			
3	Have you been convicted of a crime nunichable	by imprisonment for a term exceeding one year regardless of what		
٥.		by improviment for a term exceeding one year regardless or what		Dyre
	If yes, complete the following information:		🗀 🗝	C 153
	CONVICTION DATE(S): CRIME(S			
	CONVICTION DATE(S):	*		
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):			
	ESCATION OF CONVICTION (CITY, COUNTY, STATE):			
4	Have you such been participed for a prime of viole	nrœ?		□ vee
٠.	If yes, complete the following information:		LJ NO	□ 1E3
		L CHARGE:		
	PARDON DATE: CHIGINA	L CHARGE:		
	LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, STATE)			
	Cocking of ordered control (all), cockin, sixies.	1		
	L			
		convicted, has your conviction been expunded, set aside or	_	_
	pardoned or have you had your civil rights restore	ad?	<b> NO</b>	LIYES
		t the conviction has been expunged, set aside, or pardoned or that		
	you have had your civil rights restored.)			
5.	Have you ever been convicted for the unlawfu	if use, possession, or sale of a controlled substance (other than		
-		juana as defined in Minn. Stat. 152.01, subd. 16)?	□ NO	TYES
		,		
			П	!
6.	Are you an unlawful user of any controlled substa	ince as defined in Chapter 152, Minnesota Statutes?	. I_I NO	L. YES
7.	Have you ever been hospitalized or committed to	r treatment for the habitual use of a controlled substance or marijuana?	. ONO	☐YES
		introlled substance or marijuana during the previous two years.		
	, ,	• • • • • • • • • • • • • • • • • • • •		
	Manager and the second			
B.		reatment facility in Minnesota or elsewhere as "chemically dependent"	17	
	as defined in with. Stat. 2555.02?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. UNU	□ TES
	If yes, have you completed treatment?		🗌 NO	YES
9	Do you hold a firearms salety certificate? Iff yee	attach copy thereof)	□ NC	Dyre
٥.	DO YOU TOO A INCOMES SOIDLY SCIENCELOT (II YOU	unavi copy are corp.		_ 163
10.		t of your ability to use and care for firearms as approved by this law		_
	enforcement agency? (If yes, attach proof of con	npletion)	. L.I NO	∐ YES
11.	Have you fled from any state to avoid prosecution	for a crime or to avoid giving testimony in any criminal proceedings?	🗀 мо	☐ YES
		, , , , , , , , , , , , , , , , , , , ,		

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C.

If yes,	ou a peace officer? have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute 2538.04 for	. 🗆 NO					
	ical dependency? , attach certificate from head of the facility discharging or provisionally discharging you from the facility.	🗆 ю	☐ YES				
retard	you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally it", "mentally led", or "mentally ill and dengerous to the public" person as defined in Minnesota Statute § 2538.02? , attach proof you are no longer suffering from this disability.	🗆 NO	□ YES				
the pu	you been confined in a treatment facility as a "mentally lil", mentally retarded", or "mentally ill and dangerous to ublic" person as defined in Minnesota Statute § 2538.02 or been found incompetent to stand trial or not guilty by n of mental illness?	. 🗆 <b>NO</b>	□ YES				
15. Have	you ever been discharged from the armed forces of the United States under dishonorable conditions?.	🗆 NO	□ YES				
16. Have	you ever renounced your citizenship having been a citizen of the United States?	. 🗆 NO	□ YES				
17. lam (	(check one)	py of docum	nentation)				
I HEREBY	Y AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS CORRECT UI ITION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	ON PENA	LTY OF				
SIGNATUS	RE OF APPLICANT: DATE:						
-:	RESTRICTIONS	<del></del>					
The folio	owing restrictions apply to the possession of firearms, to transferee permits and reports of transfer matic military-style assault weapons, and permits to carry handguns.	for handg	uns and				
Must	be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault weapons, but und	er federal lav	w must be				
Must unles	sst 21 years old to acquire handgure from loansed dealers. not have been convicted of a crime of violence (as defined in Minnasota Statutes § 624.712, subdivision 5) in Mi is 10 years have elapsed since your clut rights have been restored or your sentence has expired, and during that tif	innesote or o	elsewhere not been				
Must (1) wi house	icted of any other crime of violence.  not have been convicted of lifth-degree assault as defined in Minnesota Statutes § 609.224 in Minnesota or elsewhere tithin 3 years of a previous assault conviction under Minnesots Statutes § 609.221 to 609.224; or (2) where the assault shold member, unless 3 years have elapsed since the date of conviction and during that time you have not been conview assault.	victim was i	a family or				
• Must	not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally iit, mentally retard erous to the public."	led, or menta	ally # and				
Must posse unles	cangerous to the pulse.  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 manjuans), or hospitalized or committed for treatment for the habitual use of a controlled substance or manjuans, unless you possess a certificate from a medical doctor or paychatrist, or other satisfactory proof, that you have not abused a controlled substance during the past two years.						
Must treatr	not have been confined or committed to a treatment facility in Minnesots or elsewhere as chemically dependent, unless ment.	is you have o	completed				
from	not be a peace officer who has been informally admitted to a treatment facility for chemical dependency, unless you the head of the treatment facility discharging or provisionally discharging you from that facility.		!				
unies	not have been convicted in Minnesotta or elsewhere of a crime punkhabile by imprisonment for more than a yea ining to antitrust violations, unfait trade practices, restraints of trade, or similar offenses relating to the regulation a your civil rights have been restored or the conviction has been pardoned, expunged, or sat eside.	r (other than of business	practices)				
	not be fugitive from justice.  not be a user of any contoiled substance as defined in Chapter 152 of Minnesota Statutas.						
	not be an alien who is illegally or unlawfully in the United States.		- 1				
	not have discharged from the armed forces of the United States under dishonorable conditions.						
	not have renounced your United States citizenship.						
the p	not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally returded or mental while or found incompetent to stand trial or not guilty by reason of mental illness unless you possess a centificate fro histist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability.	ly iil and dan m a medical	doctor or				
	wing requirements, in addition to those stated above, also apply to permits to carry handguns:		ı				
of ab	provide either a finearm safety certificate recognized by the Department of Natural Resources, evidence of auccessf like to use a lirearm aupervised by the chief of police, or stheriff, or other satisfactory proof of ability to use a piatol safely have an occupation or personal safely hazard requiring a permit to carry.	y.	n of a test				
REVISED NO							
	- CUT MENE						
<del></del>	RECEIPT						
<u> </u>	RECEIPT	<del>-                                    </del>					
I HEAEB	Y ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:						
Signatur	e of person accepting application:	<del></del>					
Date: _	Time:						
	This receipt does not constitute a permit to acquire, possess or carry firearms.						

Statutory Authority: MS s 624.7151

History: 19 SR 1151

#### 7416.9940 FIREARMS PERMITS

# 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	<del></del>			City
D.O.B.	Height		Hair Color	
Scars/Marks	Weight		Eye Color	
	· · · · · · · · · · · · · · · · · · ·			
Issuing Authority Sig	nature	Signa	ature of	Permittee
Issuing Agency				HOUT OTHER NNESOTA ID
The permit holder is firearms dealers purs 624.711 - 624.718 unt	suant to Minn	esota		
This Permit must be p qualifying Minnesota may be completed.	oresented by Identification	the p	permittee efore the	with other 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

РНОТО			Control	L #
PROTO		Name_		
			Sex	
		Addre	ss	
		City_		
D.O.B.	Height	<u> </u>	Hair Color	
Scars/Marks	Weight		Eye Color	_
Signature of Perm	ittee	Iss	uing Agency	
EXPIRES:				•
		Iss	uing Authority Signature	<del></del>
NOT VALI	D WITHOUT OT	HER QUALI	FYING MINNESOTA ID	
	n under the	authority	of the permittee when granted hereon and with side.	nin
			Carry a Handgun +	====
	ındgun during	the foll	e identified hereon solo owing activities: <u>Not</u> -	ely
		7247777		
			4. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
As a condition for	or the issuan	ce of thi	s Permit, the holder ag	rees

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