# CHAPTER 7416 DEPARTMENT OF PUBLIC SAFETY FIREARMS PERMITS

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7416.0400	APPLICATION FOR A PERMIT TO CARRY A PISTOL	7416.9940	MINNESOTA PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS.
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#### 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7416.9910 [Repealed, 19 SR 1151]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.

	TRAN			EARM APPLICA			
THE LEWIS		TRANSFER	REE PERMIT		OF TRANSFE	R	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			(TYPE OR	PRINT ONLY)			
NOTICE TO APPLICANT: A pmitted pertinent information pecomes prohibited from pos authority. The waiting period	n, that pers	on may be subject pistol under section	t to criminal p 624.713, in w	prosecution. The tran hich event the holde	nsferee permit er shall return ti	shali be void a permit within	t the time that the holde five (5) days to the issuin
NOTICE TO LICENSED DEA completed in addition to the a days or it will not be consider	applicant in	s form must be con formation. This ap	mpleted in its e plication must l	entirety or it will be d be delivered to the la	tenied. The se w enforcemen	ction marked De t agency having	aler information must b jurisdiction within three (
			DEALED	FORMATION			
EALERS NAME (BUSINESS NAME)	24 - Y - Maria		UEALEN	NFORMATION		FF LICENSE NUM	BER
EALER STREET ADDRESS:				CITY:		STATE	ZIP CODE:
PPLICANT'S IDENTITY VERIFIED BY P	ICTURE ID:	DATE OF AGREEMENT	TO TRANSFER:	SIGNATURE OF DEALE	R REPRESENTATIV	ε	
The Minnesota Data Practic	3530 A 375			ICES ADVISORY			
to other law enforcement age I HAVE READ AND UNDER							
APPLICANT SIGNATURE:		IL ABOVE DATA	PRACTICES A	DVISORY.		DATE:	
	t to purcha mitment inf arry a hand	IORIZATION FC se a firearm, repo formation maintain foun, You may ref	DR RELEAS rting the transi ad by the Comi use to provide	E OF COMMITME ler of a firearm, or fr	or a permit to Services which	ATION carry a handgu	determine your eligibility
APPLICANT SIGNATURE: As an applicant for a permit authorize the release of com possess a firearm and/or co completed and will result in y I, (type or print your name)	t to purcha mitment int arry a hand your applica	IORIZATION F( se a lirearm, repo formation maintain lgun, You may ref tion not being proc	OR RELEAS rting the transf ad by the Com use to provide æssed.	E OF COMMITME ler of a firearm, or f nissioner of Human this authorization; h	or a permit to Services which however, shou	AATION carry a handgu will be used to d id you refuse, th authorize th	determine your eligibility te investigation cannot t e Commissioner of Humi
APPLICANT SIGNATURE: As an applicant for a permit authorize the release of com possess a firearm and/or cz completed and will result in y	t to purcha mitment int arry a hand your applica ment inform	IORIZATION F( se a lirearm, repo formation maintain igun, You may ref tion not being proc nation to the extent	DR RELEAS rting the transf ad by the Comu use to provide cessed.	E OF COMMITME fer of a firearm, or f nissioner of Human this authorization; I n relates to my elicib	or a permit to Services which however, shoul	ATION carry a handgun will be used to o did you refuse, th a bandgun or si	defermine your eligibility e investigation cannot t e Commissioner of Huma emiautomatic military-sty
APPLICANT SIGNATURE: As an applicant for a permit authorize the release of com possess a firearm and/or ca completed and will result in y 1, (type or print your name) 2, services to disclose commit	t to purcha mitment int arry a hand your applica ment inform	IORIZATION F( se a lirearm, repo formation maintain igun, You may ref tion not being proc nation to the extent	DR RELEAS rting the transf ad by the Comu use to provide cessed.	E OF COMMITME fer of a firearm, or f nissioner of Human this authorization; I n relates to my elicib	or a permit to Services which however, shoul	ATION carry a handgun will be used to o did you refuse, th a bandgun or si	defermine your eligibility e investigation cannot b e Commissioner of Huma emiautomatic military-sty
APPLICANT SIGNATURE: As an applicant for a permit authorize the release of com posses a firearm ant/or ca completed and will result in your completed and will result in your services to disclose commit assault weapon under Minne the background investigation	t to purcha mitment inf arry a hand your applica ment inform esota Statu n required b ect to revoo	IORIZATION FC se a firearm, repo irmation maintain gun, You may ref tition not being proc haltion to the extent te §624.713, subd y Minnesota Law.	DR RELEAS rting the transi ad by the Comu use to provide ressed. the information ivision 1 to the except to the e	E OF COMMITME er of a filearm, of Human insisoner of Human this authorization; I relates to my eligib local police authority vicent that the Comm	or a permit to Services which however, shoul wility to possess y reviewing this	ATION carry a handguu will be used to o d you refuse, th a uthorize th a handgun or s s application for DATE: man Services h	defermine your eligibility ne investigation cannot be e Commissioner of Huma emiautomatic military-sty the purpose of conductir as already taken action
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CONTINUED ON REVERSE SIDE

#### FIREARMS PERMITS 7416.9911

PREVIOUS RESIDENCE (PAST 10 YEARS) STREET ADDRESS STATE ZIP CODE 1. Have you been convicted of a crime of violence as defined in Minn. Stat. 624.712 in Minnesota or elsewhere and not either (1) been restored to your civil rights at least 10 years ago or (2) your sentence expired at least 10 years ago? ...... NO YES If yes, complete the following information: CONVICTION DATE(S): CRIME(S) LOCATION OF CONVICTION (CITY, COUNTY, STATE): 609.224 OR was the assault onlimit and or years of a provide assault of a memory of the provide assault of the pro LOCATION OF CONVICTION (CITY, COUNTY, STATE) 3. Have you been convicted of a crime punishable by imprisonment for a term exceeding one year regardless of what If yes, complete the following information: NO VES CRIME(S) LOCATION OF CONVICTION (CITY, COUNTY, STATE): 4. Have you ever been pardoned for a crime of violence? If yes, complete the following information: 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 expunged, set aside or pardoned or have you had your civil rights restored? (Attach a copy of documentation establishing that the conviction has been expunged, set aside, or pardoned or that you have had your civil rights restored.) Have you ever been convicted for the unlawful use, possession, or sale of a controlled substance (other than conviction for possession of small amount of Marijuana as defined in Minn. Stat. 152.01, subd. 16)? 6. Are you an unlawful user of any controlled substance as defined in Chapter 152, Minnesota Statutes?...... 7. Have you ever been hospitalized or committed for treatment for the habitual use of a controlled substance or marijuana?. ON OYES If yes, attach proof that you have not abused a controlled substance or marijuana during the previous two years. Have you ever been confined or committed to a treatment facility in Minnesota or elsewhere as "chemically dependent" as defined in Minn. Stat. 253B.02? NO YES If yes, have you completed treatment? .....

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B.

## 7416.9911 FIREARMS PERMITS

#### С.

9. Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any c	riminal proceedings	? 🗆 NO	ΠY
10. Are you a peace officer?		🗆 NO	ΠY
If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute chemical dependency?		🗆 NO	ΠY
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 ili"	, "mentally		
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.	53B.02?	🗆 NO	ΠY
12. Have you been confined in a treatment facility as a "mentally ill", mentally retarded", or "mentally i	ll and dangerous to		
the public* person as defined in Minnesota Statute § 2538.02 or been found incompetent to stand reason of mental illness?	trial or not guilty by	🗆 NO	Ωv
13. Have you ever been discharged from the armed forces of the United States under dishonorable co	onditions?	🗌 NO	ΠY
14. Have you ever renounced your citizenship having been a citizen of the United States?		🗆 NO	ΠY
15. I am (check one) Legal Resident [	Alien (Attach co	ov of docum	hentat
HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT	IS CORRECT U	ON PENA	LTY
PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	14. 199 A.T.		
SIGNATURE OF APPLICANT:	DATE:		
RESTRICTIONS	S.C. Sara	an di karan sa	s.'.
The following restrictions apply to the possession of firearms, to transferce permits and r semiautomatic military-style assault weapons, and permits to carry handguns.	eports of transfer	for handg	juns
<ul> <li>Must be at least 18 years old to acquire or possess a handown or a semiautomatic military-style assault</li> </ul>	ult weapons, but und	er federal lav	w mus
at least 21 years old to acquire handguns from licensed cealers. • Must not have been convicted of a orime of violence (as defined in Minnaota Statutes § 624.712, unless 10 years have elapsed since your civil rights have been restored or your sentence has expire convicted of any other orime of violence.	subdivision 5) in Mi d, and during that tir	nnesota or e ne you have	elsewi not b
<ul> <li>Must not have been convicted of fifth-degree assault as defined in Minnesota Statules § 609.224 in Min (1) within 3 years of a previous assault conviction under Minnesota Statules § 609.221 to 509.224; or household member, unless 3 years have elapsed since the date of conviction and during that time you decree assault</li> </ul>			
<ul> <li>Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mental</li> </ul>			
dangerous to the public." • Must not have been either convicted in Minnesota or elsewhere of unlawlul use, possession or s			
<ul> <li>Must not have been either conviction in minnesona of elsewhere of unhawful use, possession of a small enround of arrightana), or hospitalized or committed for treatment for the habitud unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that y during the past two years.</li> </ul>	use of a controlled su	ibstance or n	nariiuu
<ul> <li>Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemica treatment.</li> </ul>	ally dependent, unles	s you have c	omple
<ul> <li>Must not be a peace officer who has been informally admitted to a treatment facility for chemical dep from the head of the treatment facility discharging or provisionally discharging you from that facility.</li> </ul>	endency, unless you	possess a	certifi
<ul> <li>Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment f pertaining to antitrust violations, untair trade practices, restraints of trade, or similar offenses relatir unless your civil rights have been restored or the conviction has been partoned, expruged, or set aside</li> </ul>	or more than a year g to the regulation :	(other than of business	offer practi
<ul> <li>Must not be fugitive from justice.</li> </ul>			
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.     Must not have discharged from the same forms of the United States.			
<ul> <li>Must not have discharged from the armed forces of the United States under dishonorable conditions.</li> <li>Must not have renounced your United States citizenship.</li> </ul>			
<ul> <li>Must not have eleven confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally the public or found incompetent to stand trial or not guilty by reason of mental illness unless you pos;</li> </ul>	/ retarded or mental	y ill and dan	gercu
psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disabilit	y.	I A HIGUICEI	4000
The following requirements, in addition to those stated above, sice apply to permits to carry handgu Must provide either a firearm safety cartificate recognized by the Dopartment of Natural Resources, of ability to use a firearm supervised by the chief of police, or sheriff, or other satisfactory proof of ability	vidence of successfi	ul completion	ofa
Must have an occupation or personal safety hazard requiring a permit to carry.			
EVISED &94			
CUT HERE			
RECEIPT	all an all a constant	Martine Construction	8 5
HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:			
Signature of person accepting application:			
Date: Time:			
This receipt does not constitute a permit to sequire possess o	r carry firearme		
Date: Time: This receipt <u>does not</u> constitute a permit to acquire, possess o	r 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.							
		SOTA UNIF	ORM HANDG	UN APPLICA GUN IN PUB	TION/RECEIP LIC PLACE	т	
		(	TYPE OR PRI	IT ONLY)			RENEWAL
NOTICE TO APPLICANT: omitted pertinent informatio prohibited from possessing authority. The waiting perioo shoulder photograph of the	n, that person m a pistol under d will begin on t	ay be subject section 624.71 he date that thi	to criminal prose	ution. The perm	it to carry shall t	e void at the tim	e that the holder becom
		D	ATA PRACTIC	ES ADVISO	AY.		
The Minnesota Data Pract As an applicant for a permi- private and/or confidential c eligibility to possess a firear You may refuse to provide being processed. Informatic error regarding older record to other law enforcement ac I HAVE READ AND UNDE!	it to purchase a data about yours rm and/or carry this information on regarding "pr ls. The informati gencies.	firearm, for rep self which will b a handgun. ; however sho evious residenc on that you pro	orting the transfe e used to check uld you refuse, ti ce addresses (pa vide will be used	r of a firearm, o criminal historie ne investigation st 10 years)" is o by the licensing	r permit to carry a s, arrest records, cannot be comp	and warrant info leted and will re-	ormation to determine yo sult in your application n
SIGNATURE:						DATE:	
				OF COMMIT	MENT INFORM		
I, (type or print your name) Services to disclose commi assault weapon under Minn the background investigatio	iesota Statute §	624.713, subdi	the information r vision 1 to the lo	elates to my elic cal police autho	ibility to possess rity reviewing this	a handgun or so application for	e Commissioner of Hum emiautomatic military-sty the purpose of conductin
SIGNATURE: NOTE: This consent is sub reliance on it. If not previous	ject to revocation	n at any time	except to the ext	ent that the Cor	nmissioner of Hu	DATE: man Services h	as already taken action
NAME (LAST, FIRST, MIDDLE, JR/SR):					DATE OF BIRTH:		HOME PHONE NUMBER:
MAIDEN NAME (IF APPLICABLE) OR O	THER NAMES YOU F	AVE USED					
PRESENT RESIDENCE ADDRESS			CITY:		COUNTY:	STATE:	ZIP CODE
RACE: SEX: HE	EIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	MN DRIVERS LICE	NSE OR ID NUMBER	1
DISTINGUISHING PHYSICAL CHARAC				DF A HANDGUN:			
		PREVI	OUS RESIDEN				
STREET	ADDRESS		(		COUNT	Y STATE	ZIP CODE

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## 7416.9931 FIREARMS PERMITS

#### Β.

If yes, complete the following information:			
CONVICTION DATE(S):	CRIME(S):		
LOCATION OF CONVICTION (CITY, COUNTY, STATE):			
L			
If yes, was the assault committed within thr	992, of assault in the fifth degree under Minn. Stat. 609.224?		
If yes, complete the following information:	or household member?	. 🗆 NO	🗌 YE
CONVICTION DATE(S):	CRIME(S):		
LOCATION OF CONVICTION (CITY, COUNTY, STATE):			
punishment was actually imposed?	hable by imprisonment for a term exceeding one year regardless of what	. 🗆 NO	
If yes, complete the following information:			
CONVICTION DATE(S):	RIME(S):		
LOCATION OF CONVICTION (CITY, COUNTY, STATE)			
Have you ever been pardoned for a crime o If yes, complete the following information:	f violence?		🗌 ye
PARDON DATE:	ANGINAL CHARGE		
LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, STA	TE):		
L			
	were convicted, has your conviction been expunged, set aside or		
	estored? g that the conviction has been expunged, set aside, or pardoned or that	. LI NO	LI YE
Have you ever been convicted for the u	nlawful use, possession, or sale of a controlled substance (other than		
conviction for possession of small amount of	f Marijuana as defined in Minn. Stat. 152.01, subd. 16)?		🗌 YE
Are you an unlawful user of any controlled s	ubstance as defined in Chapter 152, Minnesota Statutes?	NO	🗌 YE:
Have you ever been hospitalized or commit If yes, attach proof that you have not abuse	ted for treatment for the habitual use of a controlled substance or marijuana? d a controlled substance or marijuana during the previous two years.		C YE
	to a treatment facility in Minnesota or elsewhere as "chemically dependent"		
Do you hold a firearms safety certificate? (i	f yes, attach copy thereof)		

## FIREARMS PERMITS 7416.9931

C.

Dat	e: Time:	
	REBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:	
	RECEIPT	
	Must have an occupation or personal safety hazard requiring a permit to carry.	
•	Must provide either a firearms safety certificate recognized by the Department of Natural Resources, of ability to use a firearm supervised by the chief of police, or sherif, or other satisfactory proof of ability Must have an occuration or concretion or contrast the hard requiring a certific to card.	vidence of successful completion of a to use a pistol safely.
ſhe	following requirements, in addition to those stated above, also apply to permits to carry handgu	ns:
•	Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally the public or found incompetent to stand trial or not guilty by reason of mental illness unless you poo spychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability	sess a certificate from a medical doct
•	Must not have renounced your United States citizenship.	
:	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 be a user of any contolled substance as defined in Chapter 152 of Minnesola Statutes.	
•	Must not be fugitive from justice.	
٠	Must not have been convicted in Minnescta or elsewhere of a crime punishable by imprisonment f pertaining to antitrust violations, unfair trade practices, restraints of trade, or similar offenses relation unless your civil rights have been restored or the conviction has been pardoned, expunged, or set astide the conviction of the set of the conviction of the set of the	a to the regulation of business pract
•	Must not be a peace officer who has been informally admitted to a treatment facility for chemical dep from the head of the treatment facility discharging or provisionally discharging you from that facility.	
•	Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemica treatment.	
	possession of a small amount of manjuana), or hospitalized or committed for treatment for the habitual i unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that yr during the past two years.	use of a controlled substance or mariju ou have not abused a controlled subst
•	dangerous to the public." Must not have been either convicted in Minnesota or elsewhere of unlawful use, possession or s	ale of a controlled substance (other
	(1) within 3 years or a previous assaut convincion or one hinifieor assauties y costar is to be activity or household member, unless 3 years have elapsed since the date of conviction and during that time you degree assaut. Wust not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mental"	have not been convicted of any other
•	convicted of any other crime of violence. Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes § 609.224 in Min (1) within 3 years of a previous assault conviction under Minnesota Statutes § 609.221 to 609.224; or (	nesota or elsewhere since August 1, 1
•	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 § 624.712, unless 10 years have elapsed since your civil rights have been restored or your sentence has expirer	subdivision 5) in Minnesota or elsew d, and during that time you have not l
	Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assau	it weapons, but under federal law mu
he	following restrictions apply to the possession of firearms, to transferee permits and n iautomatic military-style assault weapons, and permits to carry handguns.	eports of transfer for handguns
Ak	RESTRICTIONS	
	SECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	DATE:
HE	REBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT	
	Have you ever renounced your citizenship having been a citizen of the United States?	Alien (Attach copy of documental
	Have you ever been discharged from the armed forces of the United States under dishonorable co	
1	he public* person as defined in Minnesota Statute § 253B.02 or been found incompetent to stand t eason of mental illness?	rial or not guilty by
	f yes, attach proof you are no longer suffering from this disability. Have you been confined in a treatment facility as a "mentally ill", mentally retarded", or "mentally iil	and dancerous to
	-lave you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally iil", etarded", or "mentally ill and dangerous to the public" person as defined in Minnesota Statute § 25	"mentaliy 3B.02? NO
	ryes, attach continuate non-near of the identity discitlinging of previolentially discitlinging year torn a	io radinty:
	chemical dependency?	

Statutory Authority: MS s 624.7151 History: 19 SR 1151

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#### 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			
D.O.B.	Height		Hair Color		
Scars/Marks	Weight		Eye Color		

Issuing Authority Signature

Signature of Permittee

Issuing Agency

NOT VALID WITHOUT OTHER QUALIFYING MINNESOTA ID

The permit holder is entitled to acquire handguns from federal firearms dealers pursuant to Minnesota Statutes Sections 624.711 - 624.718 until: EXPIRES:

This Permit must be presented by the permittee with other qualifying Minnesota Identification before the sale of the pistol may be completed.

**Statutory Authority:** *MS s* 624.7151

History: 18 SR 390

FIREARMS PERMITS 7416.9950

#### 7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

### MINNESOTA STATE PERMIT TO CARRY A HANDGUN

Control #\_\_\_\_ PHOTO Name Race/Sex Address \_\_\_ City\_\_\_ D.O.B. Height Hair Color Scars/Marks Weight Eye Color Signature of Permittee Issuing Agency EXPIRES: Issuing Authority Signature

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: <u>Not</u> valid when consuming alcohol or drugs.

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, <u>this Permit becomes null and void</u> 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

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