

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

A.

 <p>MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT TRANSFeree PERMIT OR REPORT OF TRANSFER FOR FIREARMS</p>		CHECK TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL																														
<input type="checkbox"/> TRANSFeree PERMIT <input type="checkbox"/> REPORT OF TRANSFER (TYPE OR PRINT ONLY)																																
NOTICE TO APPLICANT: An incomplete application will be denied. In the event an applicant is found to have knowingly falsified this application, or omitted pertinent information, that person may be subject to criminal 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DEALER'S NAME (BUSINESS NAME):</td> <td style="width: 50%;">FF LICENSE NUMBER:</td> </tr> <tr> <td>DEALER STREET ADDRESS:</td> <td>CITY: STATE: ZIP CODE:</td> </tr> <tr> <td>APPLICANT'S IDENTITY VERIFIED BY PICTURE ID: <input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td>DATE OF AGREEMENT TO TRANSFER</td> <td>SIGNATURE OF DEALER REPRESENTATIVE</td> </tr> </table>			DEALER'S NAME (BUSINESS NAME):	FF LICENSE NUMBER:	DEALER STREET ADDRESS:	CITY: STATE: ZIP CODE:	APPLICANT'S IDENTITY VERIFIED BY PICTURE ID: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF AGREEMENT TO TRANSFER	SIGNATURE OF DEALER REPRESENTATIVE																							
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DATA PRACTICES ADVISORY <p>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.</p>																																
I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.																																
APPLICANT SIGNATURE:		DATE:																														
AUTHORIZATION FOR RELEASE OF COMMITMENT INFORMATION <p>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.</p> <p>I, (type or print your name) _____ 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.</p>																																
APPLICANT SIGNATURE:		DATE:																														
<p>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.</p>																																
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CONTINUED ON REVERSE SIDE

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B.

C.

9. Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings?.....	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
10. Are you a peace officer?.....	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute 253B.04 for chemical dependency?.....	<input type="checkbox"/> NO	<input type="checkbox"/> 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 ill", "mentally retarded", or "mentally ill and dangerous to the public" person as defined in Minnesota Statute § 253B.02?.....	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
If yes, attach proof you are no longer suffering from this disability.			
12. 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 § 253B.02 or been found incompetent to stand trial or not guilty by reason of mental illness?.....	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
13. Have you ever been discharged from the armed forces of the United States under dishonorable conditions?.....	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
14. Have you ever renounced your citizenship having been a citizen of the United States?.....	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
15. I am (check one)	<input type="checkbox"/> American Citizen	<input type="checkbox"/> Legal Resident	<input type="checkbox"/> Alien (Attach copy of documentation)
I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS CORRECT UPON PENALTY OF PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.			
SIGNATURE OF APPLICANT:	DATE:		

RESTRICTIONS
<p>The following restrictions apply to the possession of firearms, to transferee permits and reports of transfer for handguns and semiautomatic military-style assault weapons, and permits to carry handguns.</p> <ul style="list-style-type: none"> Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault weapons, but under federal law 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 § 624.712, 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 not been convicted of any other crime of violence. Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes § 509.224 in Minnesota or elsewhere since August 1, 1992 (1) within 3 years of a previous assault conviction under Minnesota Statutes § 509.221 to 509.224; or (2) where the assault victim was a family or household member, unless 3 years have elapsed since the date of conviction and during that time you have not been convicted of any other fifth-degree assault. Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill, mentally retarded, or mentally 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 marijuana), or hospitalized or committed for treatment for the habitual use of a controlled substance or marijuana, unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that you have not abused a controlled substance during the past two years. 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 informally 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 crime punishable by imprisonment for more than a year (other than offenses pertaining to antitrust violations, unfair trade practices, restraints of trade, or similar offenses relating to the regulation of business practices) unless your civil rights have been restored or the conviction has been pardoned, expunged, or set aside. Must not be fugitive 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 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 and dangerous to the public or found incompetent to stand trial or not guilty by reason of mental illness unless you possess a certificate from a medical doctor or psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability. <p>The following requirements, in addition to those stated above, also apply to permits to carry handguns:</p> <ul style="list-style-type: none"> Must provide either a firearms safety certificate recognized by the Department of Natural Resources, evidence of successful 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 safely. Must have an occupation or personal safety hazard requiring a permit to carry.

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RECEIPT
I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:
Signature of person accepting application: _____
Date: _____ Time: _____
<i>This receipt does not constitute a permit to acquire, possess or carry firearms.</i>

Statutory Authority: MS s 624.7151**History:** 19 SR 1151**Published Electronically:** April 24, 2023