CHAPTER 7416

DEPARTMENT OF PUBLIC SAFETY

FIREARMS PERMITS

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

7416.0100 APPLICATION FOR A HANDGUN TRANSFEREE PERMIT.

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

Statutory Authority: MS s 624.7151

History: 18 SR 390; 19 SR 1151

Published Electronically: January 25, 2000

7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

7416.0200 PISTOL TRANSFEREE PERMIT.

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

Statutory Authority: MS s 624.7151

History: 18 SR 390

Published Electronically: January 25, 2000

7416.0300 REPORT OF TRANSFER OF A HANDGUN.

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

Statutory Authority: MS s 624.7151

History: 18 SR 390; 19 SR 1151

7416.0400 APPLICATION FOR A PERMIT TO CARRY A PISTOL.

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

Statutory Authority: MS s 624.7151

History: 18 SR 390; 19 SR 1151

Published Electronically: January 25, 2000

7416.0500 PERMIT TO CARRY A PISTOL.

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

Statutory Authority: MS s 624.7151

History: 18 SR 390

Published Electronically: January 25, 2000

7416.9910 [Repealed, 19 SR 1151]

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

A.

	TRANS	INNESOTA UNIFOR SFEREE PERMIT OF TRANSFEREE PI (TY)	R REPOR ERMIT	T OF TRANS		EARMS	CHECK TYPE NEW RENEWAL
omitted pertinent in becomes prohibited	formation, that perso from possessing a pi	n may be subject to cr	iminal pro: 13. in whic	secution. The tra	nsferee permit er shall return th	shali be void e permit withi	y falsified this application, a at the time that the holds n five (5) days to the issuin ice or sheriff.
NOTICE TO LICEN: completed in additio days or it will not be	n to the applicant info	form must be completed rmation. This application	in its enti n must be	irety or it will be of delivered to the la	denied. The sec aw enforcement	tion marked i agency havin	Dealer Information must b g jurisdiction within three (C
		DEA	LERINE	ORMATION		1 THE LOCAL	
XEALERS NAME (BUSINES:	S NAME):			011111111111111111111111111111111111111		FF LICENSE NU	IMBER:
SEALER STREET ADDRESS	3:			CITY:		STATE:	ZIP CODE:
PPLICANT'S IDENTITY VE	RIFIED BY PICTURE ID:	DATE OF AGREEMENT TO TRAN	ISFER:	SIGNATURE OF DEALE	R REPRESENTATIVE		
1 1 1 2 2 2 2		DATA	PRACTIC	ES ADVISOR	7		
		ires that you be advis	ed of the f	ollowing inform	ntion:		
eligibility to possess	dential data about yo a firearm and/or carr	urself which will be used y a handgun.	to check o	oriminal histories,	arrest records,	and warrant is	u are being asked to provid information to determine you
being processed. In error regarding olde to other law enforce	formation regarding " r records. The inform ment agencies.	previous residence addr	esses (pas ill be used l	it 10 years)" is op by the licensing a	tional However	if provided it	result in your application n t will reduce the possibility ation, and may be conveye
APPLICANT SIGNA	TURE:					DATE:	
	AUTU	DRIZATION FOR RE	I EASE	OE COUNTY	ENT INCORN	ATION	
authorize the releas possess a firearm	a permit to purchase of commitment info and/or carry a handge sult in your applications.	a firearm, reporting the	e transfer ne Commis provide th	of a firearm, or t sioner of Human	or a permit to o	carry a hando will be used to d you refuse,	yun, you are being asked to determine your eligibility the investigation cannot the the Commissioner of Hum.
i, hypo or print your	commitment information	§624.713, subdivision	ormation re 1 to the loc	elates to my eligit cal police authorit	ility to possess y reviewing this	a handgun or	semiautomatic military-sty or the purpose of conduction
Services to disclose assault weapon und the background inve	estigation required by						
assault weapon und						DATE:	
assault weapon und the background inve APPLICANT SIGNA' NOTE: This conser	TURE:		to the exteninate upor	ent that the Comi	missioner of Hu e applicant of th	man Services	has aiready taken action ant of this application.
assault weapon und the background inve APPLICANT SIGNA' NOTE: This conser	TURE:	ition at any time except nis authorization will tern	ninate upor	notification to th	missioner of Hu e applicant of th	man Services	has already taken action ant of this application.
assault weapon und the background inve APPLICANT SIGNA' NOTE: This conser	TURE: It is subject to revoce previously revoked, the	ition at any time except nis authorization will tern	ninate upor	ent that the Comin notification to th	missioner of Hui e applicant of th	man Services	has already taken action ant of this application.
assault weapon untitle background inve APPLICANT SIGNA NOTE: This conser- reliance on it. If not MARIE (LAST, FIRST, MIDDL	TURE: It is subject to revoce previously revoked, the subject to revoked, the subject to revoked.	ation at any time except his authorization will tern APPL	ninate upor	notification to th	e applicant of th	man Services	ant of this application.
assault weapon untitle background inve APPLICANT SIGNA NOTE: This conser- reliance on it. If not MARIE (LAST, FIRST, MIDDL	TURE: It is subject to revoce previously revoked, the	ation at any time except his authorization will tern APPL	ninate upor	notification to th	e applicant of th	man Services	ant of this application.
assault weapon untitle background inverse hard inverse hard inverse hard inverse hard inverse hard in the har	TURE: It is subject to revoce previously revoked, the E. JRYSR): BLE) OR OTHER NAMES YO	ation at any time except his authorization will tern APPL	inate upor	notification to th	e applicant of th	man Services	ant of this application. HOME PHONE NUMBER:
assault weapon until the background inve APPLICANT SIGNA* NOTE: This conserted in the cons	TURE: It is subject to revoce previously revoked, the E. JRYSR): BLE) OR OTHER NAMES YO	ation at any time except is authorization will term APPL WHAVE USED.	inate upor	notification to th	e applicant of th	man Services e denial or gri	AND Of this application. HOME PHONE NUMBER: ZIP CODE
assault weapon und the background invented to be background invented to be been as a second to be been as a second to be been to be	TURE: If is subject to revoce previously revoked, the E. JRVSR); BLE, OR OTHER NAMES YOUR RESS:	tion at any time except its authorization will term APPL U HAVE USED. OTY WEIGHT: EYE:	ICANT IN	n notification to th	DATE OF BIRTH:	man Services e denial or gri	And of this application. HOME PHONE NUMBER: ZIP CODE
assault weapon und the background invented to be ackground invented to be ackground invented to be ackground invented to be ackground to be ac	TURE: If is subject to revoce previously revoked, the E. JRVSR); BLE, OR OTHER NAMES YOUR RESS:	ation at any time except is authorization will term APPL WHAVE USED.	ICANT IN	n notification to th	DATE OF BIRTH:	man Services e denial or gri	Ant of this application. HOME PHONE NUMBER: ZIP CODE
ASSAULT WORDON UNCHE APPLICANT SIGNA NOTE: This conservation on it. If not AME (LAST, FIRST, MICOL ADEN NAME (F APPLICA RESENT RESIDENCE ADC ACE: SEX	TURE: If is subject to revoce previously revoked, the E. JRVSR); BLE, OR OTHER NAMES YOUR RESS:	tion at any time except its authorization will term APPL U HAVE USED. OTY WEIGHT: EYE:	ICANT IN	n notification to th	DATE OF BIRTH:	man Services e denial or gri	And of this application. HOME PHONE NUMBER: ZIP CODE

B.

REVISED 8/94

	The Manager of the State of the	PREVIOU	S RESIDENCE (PAST 10			200	
_	STREET ADDRESS		CITY	COUNTY	STATE	ZIP CC	DE
				1]]		
					1		
_							
					1 1		
	Have you been convicted of a crime of viewither (1) been restored to your civil rights if yes, complete the following information:	at least 10 ye				🗌 NO	YES
	CONVICTION DATE(S):	CRIME(S):					
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):						
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):						
	L						
2	Have you been convicted after August 1,	1992 of assa	ult in the fifth degree unde	er Minn Stat 609 2242		ΠNO	□ ves
	If yes, was the assault committed within the					. 🗀 110	_ ,,,
	609.224 OR was the assault victim a fami		ld member?			🗌 NO	YES
	If yes, complete the following information:						
	CONVICTION DATE(S):	CRIME(S):					
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):						
					ļ		
	V						
3.	Have you been convicted of a crime pun	ishable by im	prisonment for a term ex	ceeding one year regard	iless of what		
	punishment was actually imposed?					🗌 NO	YES
	If yes, complete the following information: CONVICTION DATE(S):	CRIME(S):					
	SOUTH DATE(S).	Grinic(3).					
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):						
						_	_
	Have you ever been pardoned for a crime					🗆 NO	☐ YES
	If yes, complete the following information:	ORIGINAL CHARG	16.				
	TANDOT DATE.	Onidinal Crian	ı				
	LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, S	TATE):					
	Under the law of the jurisdiction where yo						
	pardoned or have you had your civil rights					🗌 NO	☐ YES
	(Attach a copy of documentation establish you have had your civil rights restored.)	ning that the c	onviction has been expun	iged, set aside, or pardoi	ned or that		
	you have had your civil rights restored.)						
5.	Have you ever been convicted for the	unlawful use	, possession, or sale of	a controlled substance	(other than		
	conviction for possession of small amount	t of Marijuana	as defined in Minn. Stat.	152.01, subd. 16)?		. 🗌 ио	☐ YES
6.	Are you an unlawful user of any controlled	d substance a	s defined in Chapter 152,	Minnesota Statutes?		. 🗆 NO	YES
	Have you ever been hospitalized or comn						
	If yes, attach proof that you have not abus					140	
8.	Have you ever been confined or committee	d to a treatme	ent facility in Minnesota or	r elsewhere as "chemical	ilv denendent"		
	as defined in Minn. Stat. 253B.02?					. 🗆 NO	YES
	If yes, have you completed treatment?					🗌 NO	YES

REVISED 8/94

C.

5 FIREARMS PERMITS

Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any c	riminal proceedings?	🗆 NO	☐ YES
Are you a peace officer? If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statutr	253B 04 for	🗌 NO	YES
chemical dependency? If yes, attach certificate from head of the facility discharging or provisionally discharging you from		🗌 NO	YES
11. Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally ill retaired", or "mentally ill and dangerous to the public "person as defined in Minnesota Statute § 2 if yes, attach proof you are no longer suffering from this disability.	, "mentally 53B.02?	🗆 NO	□ YES
12. Have you been confined in a treatment facility as a "mentally ill", mentally retarded", or "mentally i	I and dangerous to		
the public* person as defined in Minnesota Statute § 253B.02 or been found incompetent to stand reason of mental illness?	trial or not guilty by	🗆 NO	☐ YES
13. Have you ever been discharged from the armed forces of the United States under dishonorable co			YES
14. Have you ever renounced your citizenship having been a citizen of the United States?		🗆 NO	YES
15. I am (check one)	Alien (Attach conv	of docum	nentation)
I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/DECEIDT	IS CORRECT UPO	N PENA	LTY OF
PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	1		
SIGNATURE OF APPLICANT:	DATE:		
RESTRICTIONS	e sales de la Salesta de		8.7.
The fall will be a ship in the	eports of transfer f	or handg	uns and
Must be at least 18 years old to acquire or possess a handoun or a semiautomatic military-style assault.			
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 § 524.712, unless 10 years have elapsed since your civil rights have been restored or your sentence has expire.	subdivision 5) in Minn d, and during that time	esota or e	elsewhere not been
convicted of any other crime of violence. • Must not have been convicted of iffth-degree assault as defined in Minnesota Statutes § 509.224 in Min (1) within 3 years of a previous assault conviction under Minnesota Statutes § 509.221 to 509.224; or (household member, unless 3 years have elapsed since the date of conviction and during that time you			
degree assault. Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mental".			
dangerous to the public."			
 Must not have been either convicted in Minnesota or elsewhere of unlawful use, possession or a possession of a small amount of marijuana), or hospitalizad or committed for teatment for the habitual unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that y during the past two years. 	ale of a controlled sub- use of a controlled sub- ou have not abused a c	stance (o tance or n controlled s	ther than narijuana, substance
 Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemical treatment. 	ally dependent, unless y	you have o	completed
 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 convicted in Minnesota or elsewhere of a crime punishable by imprisonment if pertaining to antitrust violations, unfair trade practices, restraints of trade, or similar offenses relatin unless your civil rights have been restored or the conviction has been pardoned, expunged, or set aside 	or more than a year (g to the regulation of	other than business (offenses practices)
 Must not be fugitive 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.			
 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 the public or found incompetent to stand trial or not guilty preason of mental illness unless you pos psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disabilities. 	sess a certificate from :	ii and dan a medical	gerous to doctor or
The following requirements, in addition to those stated above, also apply to permits to carry handgur	ns:		
 Must provide either a firearms safety certificate recognized by the Department of Natural Resources, e of ability to use a firearm supervised by the chief of police, or sheriff, or other satisfactory proof of ability Must have an occupation or personal safety hazard requiring a permit to carry. 	vidence of successful of to use a pistol safely.	completion	of a test
REVISED 804			
CUT MEDE			
CUI MERE			
RECEIPT	for Marian		2 5 Y
HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:			
Signature of person accepting application:			
Date: Time:			
This receipt does not constitute a permit to acquire, possess or	r carry firearms.		

Statutory Authority: MS s 624.7151

History: 19 SR 1151

Published Electronically: January 25, 2000

7416.9920 [Repealed, 19 SR 1151]

Published Electronically: January 25, 2000

7416.9930 [Repealed, 19 SR 1151]

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

A.

	MI	CARRY PER	FORM HANDO MIT FOR HAND (TYPE OR PRI	OGUN IN PUB	TION/RECEIP	т	CHECK TYPE NEW RENEWAL
prohibited from posses	nation, that pers ssing a pistol u period will begin	on may be subject on the date that the contract of the contrac	t to criminal prose 713, in which eve	ecution. The perment the holder sh	nit to carry shall be	void at the time mit within five (alsified this application, e that the holder become 5) days to the application and 1" x 1" color head-an
22.000	21.		DATA PRACT			See L.	
The Minnesota Data i As an applicant for a p	ermit to purcha	se a firearm, for re	porting the transf	er of a firearm of	r nermit to carry a	handoun vou a	are being asked to provid
eligibility to possess a	itial data about firearm and/or c	yourself which will arry a handgun.	be used to check	criminal historie	s, arrest records,	and warrant info	rmation to determine yo
Deing processed, intor	mation regardin ecords. The info int agencies.	g "previous reside rmation that you p	nce addresses (p rovide will be use	ast 10 years)" is d by the licensing	ontional However	if provided it w	sult in your application re rill reduce the possibility ion, and may be convey
SIGNATURE:	NDENSTAND I	TIE ABOVE DATA	A FRACTICES AT	JVISONT.		DATE:	
- C - C - C - C - C - C - C - C - C - C					MENT INFORM		
	f commitment in I/or carry a han	itormation maintai dgun, You may r	ned by the Comm efuse to provide				n, you are being asked determine your eligibility e investigation cannot t
I, (type or print your na	me)					authorize the	Commissioner of Hum
Services to disclose co assault weapon under the background investi	Minnesota Stat	ute §624.713, sub	division 1 to the I	relates to my eli- ocal police autho	gibility to possess crity reviewing this	a handaun or ea	miautomatic military-sty the purpose of conducting
SIGNATURE:						DATE:	
NOTE: This consent is reliance on it. If not pre	subject to revo	cation at any time , this authorization	except to the ex will terminate up	tent that the Co	mmissioner of Hui the applicant of the	man Services ha	as already taken action of this application.
NAME (LAST, FIRST, MIDDLE, J	R/SR):				DATE OF BIRTH:		HOME PHONE NUMBER
MAIDEN NAME (IF APPLICABLE	OD OTHER NAMES	VOLUMNIE LIGER					
and the second control of the second control	ON OTHER NAMES	TOO HAVE USED.					
PRESENT RESIDENCE ADDRES	S:		CITY:		COUNTY:	STATE:	ZIP CODE
RACE: SEX:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	MN DRIVERS LICE	NSE OR ID NUMBER:	
DISTINGUISHING PHYSICAL CH	ARACTERISTICS (IN	CULDING SCARS, MARK	S, TATTOOS, ETC):				
NATURE OF EMPLOYMENT/OCC	CUPATION OR PERSO	ONAL SAFETY HAZARD	REQUIRING CARRYING	OF A HANDGUN:			
91912		PRE\	/IOUS RESIDEN				196 T. S.
ST	REET ADDRESS		-	CITY	COUNTY	STATE	ZIP CODE
					-		
						-	

B.

1.	either (1) been restored to your civil rights at least 10 y If yes, complete the following information:	lined in Minn. Stat. 624.712 in Minnesota or elsewhere and not lears ago or (2) your sentence expired at least 10 years ago?	□NO	☐ YES
	CONVICTION DATE(S): CRIME(S):			
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):			
2.		ault in the fifth degree under Minn. Stat. 609.2247	□no	YES
		old member?	□ио	YES
	If yes, complete the following information: CONVICTION DATE(S): CRIME(S):			
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):			
3.		opprisonment for a term exceeding one year regardless of what	□no	□ YES
	CONVICTION DATE(S): 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 CORDINAL CHARLES OF SIGNAL CHA	GE.	□ NO	☐ YES
	pardoned or have you had your civil rights restored?	cted, has your conviction been expunged, set aside or conviction has been expunged, set aside, or pardoned or that	□no	□ YES
5.		, possession, or sale of a controlled substance (other than as defined in Minn. Stat. 152.01, subd. 16)?	□ NO	YES
6.	. Are you an unlawful user of any controlled substance a	s defined in Chapter 152, Minnesota Statutes?	□ NO	YES
7.	. Have you ever been hospitalized or committed for treat if yes, attach proof that you have not abused a controlled	ment for the habitual use of a controlled substance or marijuana?. ad substance or marijuana during the previous two years.	□ NO	YES
8.		ent facility in Minnesota or elsewhere as "chemically dependent"	□ №	YES
	If yes, have you completed treatment?		□ NO	YES
9.	. Do you hold a firearms safety certificate? (If yes, attact	h copy thereof)	□ NO	YES
10.		our ability to use and care for firearms as approved by this law	□ 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
	/ISED 8/94			

C.

Are you a peace officer? If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statu	
chemical dependency?	NO YES
If yes, attach certificate from head of the facility discharging or provisionally discharging you from	n the facility.
13. Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally i retarded", or "mentally ill and dangerous to the public" person as defined in Minnesota Statute §	
If yes, attach proof you are no longer suffering from this disability.	200.02.
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 § 253B.02 or been found incompetent to star reason of mental illness?	us trial or not guilty by
15. Have you ever been discharged from the armed forces of the United States under dishonorable	conditions? NO YES
Have you ever renounced your citizenship having been a citizen of the United States?	
17. I am (check one)	Alien (Attach copy of documentation)
I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIL	PT IS CORRECT UPON PENALTY OF
PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	AT WEST CHARLES THE CONTROL OF THE C
SIGNATURE OF APPLICANT:	DATE:
RESTRICTIONS	
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. • Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style ass	ault 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 § 624.71	
unless 10 years have elapsed since your civil rights have been restored or your sentence has exp convicted of any other crime of violence.	ired, and during that time you have not been
 Must not have been convicted of lifth-degree assault as defined in Minnesota Statutes § 609.224 in 1 (1) within 3 years of a provious assault conviction under Minnesota Statutes § 609.221 to 609.224 is chousehold member, unless 3 years have elapsed since the date of conviction and during that time y degree assault. 	or (2) where the assault victim was a family or
 Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mer dangerous to the public." 	stally ill, mentally retarded, or mentally ill and
 Must not have been either convicted in Minnesota or elsewhere of unlawful use, possession or possession of a small amount of marijuans, or hospitalized or committed for treatment for the habit unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, tha during the past two years. 	al use of a controlled substance or marijuana,
 Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemitreatment. 	nically dependent, unless you have completed
 Must not be a peace officer who has been informally admitted to a treatment facility for chemical of 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 imprisonmer pertaining to antitust violations, unfair trade practices, restraints of trade, or similar offenses relia unless your civil rights have been restored or the conviction has been pardoned, expunged, or set as 	at for more than a year (other than offenses aling to the regulation of business practices) ide.
Must not be fugitive from justice. Must not be a user of any contoiled 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, ment the public or found incompetent to stand trial or not guilty by reason of mental illness unless you p psychiatrist tilcensed in Minnesota, or other satisfactory proof that you no longer suffer from this disat 	ossess a certificate from a medical doctor or
The following requirements, in addition to those stated above, also apply to permits to carry hand	
 Must provide either a firearms safety certificate recognized by the Department of Natural Resource of ability to use a firearm supervised by the chief of police, or sheriff, or other satisfactory proof of ab 	s, evidence of successful completion of a test lity to use a pistol safely.
Must have an occupation or personal safety hazard requiring a permit to carry.	
REVISED 8/94	
CUT HERE	
RECEIPT	AND THE PERSON NAMED IN
I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:	
Signature of person accepting application:	
Date: Time:	
This receipt <u>does not</u> constitute a permit to acquire, posses	s or carry firearms.

Statutory Authority: MS s 624.7151

History: 19 SR 1151

Published Electronically: January 25, 2000

7416.9940 MINNESOTA PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS.

MINNESOTA STATE PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS

NameAddress		Race/Sex	Race/Sex		
		City	City		
D.O.B.	Height		Hair Color		
Scars/Marks	Weight		Eye Color		
			CD		
Issuing Authority Signature		Signature	of Permittee		
			LID WITHOUT OTHER QUALIFYING		
Issuing Agency		MINNES	MINNESOTA ID		
The permit holder is entitle Statutes Sections 624.711 - 6			al firearms dealers pursuant to Minnesota		
	ted by the permittee		alifying Minnesota Identification before the		
Statutory Authority	MS s 624.7151				
History: 18 SR 390					

History: 18 SR 390

Published Electronically: January 25, 2000

7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

MINNESOTA STATE PERMIT TO CARRY A HANDGUN

PHOTO		Control #_			
111010	Name_	Name			
	Race/	Sex			
	Addre	ss			
	City_				
D.O.B.	Height	Hair Color			
Scars/Marks	Weight	Eye Color			
Signature of Permittee	e Iss	uing Agency			
EXPIRES:	Tee	uing Authority Signature			
NOT VALID WI	THOUT OTHER QUALI	FYING MINNESOTA ID			
	der the authority	of the permittee when granted hereon and within side.			
====================================					
↓ "Reverse s	ide" of Permit to	Carry a Handgun ↓			
This Permit is granted for carrying a handgud valid when consuming a	n during the foll	e identified hereon solely owing activities: <u>Not</u>			
that if he/she hereaf pistol under Minnesot	ter becomes prohi a Statutes Sectic and he/she shall	s Permit, the holder agrees bited from possessing a on 624.711, this Permit return this Permit to the after becoming so			
ory Authority: MS s	624.7151				