

**CHAPTER 7416**  
**DEPARTMENT OF PUBLIC SAFETY**  
**FIREARMS PERMIT STANDARDS**

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**7416.0100 APPLICATION FOR A PISTOL TRANSFEREE PERMIT.**

An application for a pistol transferee permit must be made on a form entitled "Minnesota Uniform Handgun Application/Receipt, Acquisition Permit for Handguns." A facsimile of the first page of the form is reproduced at part 7416.9910. A facsimile of the second page of the form is reproduced at part 7416.9930.

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

**History:** *18 SR 390*

**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 PISTOL.**

A report of transfer of a pistol must be made on a form entitled "Minnesota Uniform Handgun Application/Receipt, Acquisition Permit for Handguns." A facsimile of the first page of the form is reproduced at part 7416.9910. A facsimile of the second page of the form is reproduced at part 7416.9930.

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

**History:** *18 SR 390*

**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 Handgun Application/Receipt, Carry Permit for Handgun in Public Place." A facsimile of the first page of the form is reproduced at part 7416.9920. A facsimile of the second page of the form is reproduced at part 7416.9930.

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

**History:** *18 SR 390*

**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*

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FIREARMS PERMIT STANDARDS 7416.9910

## 7416.9910 MINNESOTA UNIFORM HANDGUN APPLICATION/RECEIPT, ACQUISITION PERMIT FOR HANDGUNS - PAGE 1.



### MINNESOTA UNIFORM HANDGUN APPLICATION/RECEIPT ACQUISITION PERMIT FOR HANDGUNS; ACQUIRE \_\_\_\_\_ DEALER TRANSFER (TYPE OR PRINT ONLY) \_\_\_ NEW \_\_\_ RENEWAL

**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 624.715, in which event the holder shall return the permit within five days to the issuing authority. The waiting period will begin on the date of the signing of this application.

**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.

NAME (LAST, FIRST, MIDDLE, JR/SR):	DATE OF BIRTH	HOME PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

MAIDEN NAME (IF APPLICABLE) OR OTHER NAMES YOU HAVE USED:

PRESENT RESIDENCE ADDRESS:	CITY	COUNTY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREVIOUS RESIDENCE ADDRESS (PAST 10 YEARS):	CITY	COUNTY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RACE:	SEX:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	MN DL OR ID NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DISTINGUISHING PHYSICAL CHARACTERISTICS, including Scars, Marks, Tattoos, etc.

\_\_\_\_\_  
\_\_\_\_\_

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? yes no  
CONVICTION DATE(S):        CRIME(S): \_\_\_\_\_

LOCATION OF CONVICTION (CITY, COUNTY, STATE): \_\_\_\_\_

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. State. 152.01, subd. 16)? yes no

Have you been convicted after August 1, 1992, of assault in the fifth degree under Minn. Statute 609.224? yes no  
If yes, was the assault committed within three years of a previous assault conviction under Minn. Stat. 609.221 to 609.224 or was the assault victim a family or household member? yes no CONVICTION DATE(S):       

CRIME(S) \_\_\_\_\_

LOCATION OF CONVICTION (CITY, COUNTY, STATE): \_\_\_\_\_

Have you ever been pardoned for crime of violence? yes no LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, STATE): \_\_\_\_\_

PARDON DATE        ORIGINAL CHARGE: \_\_\_\_\_

I AM (circle one) AMERICAN CITIZEN LEGAL RESIDENT 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 \_\_\_\_\_

#### DEALER INFORMATION

Dealers Name (Business Name): \_\_\_\_\_ FF License Number: \_\_\_\_\_

Dealer Address, City, State, Zip

Applicant's Identity Verified by Picture ID

DATE OF AGREEMENT TO TRANSFER:        Signature of Dealer Representative \_\_\_\_\_

Statutory Authority: *MS s 624.7151*

History: *18 SR 390*

# MINNESOTA RULES 1993

## 7416.9920 FIREARMS PERMIT STANDARDS

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### 7416.9920 MINNESOTA UNIFORM HANDGUN APPLICATION/RECEIPT, CARRY PERMIT FOR HANDGUN IN PUBLIC PLACE - PAGE 1.



#### MINNESOTA UNIFORM HANDGUN APPLICATION/RECEIPT CARRY PERMIT FOR HANDGUN IN PUBLIC PLACE 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 falsified this application, or omitted pertinent information, that person may be subject to criminal prosecution. The permit to carry shall be void at the time that the holder becomes prohibited from possessing a pistol under section 624.713, in which event the holder shall return the permit within five 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.

NAME (LAST, FIRST, MIDDLE, JR/SR):  DATE OF BIRTH  HOME PHONE NUMBER

MAIDEN NAME (IF APPLICABLE) OR OTHER NAMES YOU HAVE USED:

PRESENT RESIDENCE ADDRESS: CITY COUNTY STATE ZIP

PREVIOUS RESIDENCE ADDRESS (PAST 10 YEARS): CITY COUNTY STATE ZIP

RACE: SEX: HEIGHT: WEIGHT: EYE COLOR: HAIR COLOR: MN DL OR ID NUMBER

DISTINGUISHING PHYSICAL CHARACTERISTICS, including Scars, Marks, Tattoos, etc.  
\_\_\_\_\_  
\_\_\_\_\_

NATURE OF EMPLOYMENT/OCCUPATION OR PERSONAL SAFETY HAZARD REQUIRING CARRYING OF A HANDGUN.  
\_\_\_\_\_  
\_\_\_\_\_

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?  yes  no  
CONVICTION DATE(S): ; ;  CRIME(S):

LOCATION OF CONVICTION (CITY, COUNTY, STATE):

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. State. 152.01, subd. 16)?  yes  no

Have you been convicted after August 1, 1992, of assault in the fifth degree under Minn. Statute 609.224?  yes  no  
If yes, was the assault committed within three years of a previous assault conviction under Minn. Stat. 609.221 to 609.224 OR was the assault victim a family or household member?  yes  no CONVICTION DATE(S): ;

CRIME(S)   
LOCATION OF CONVICTION (CITY, COUNTY, STATE):

Do you hold a firearms safety certificate?  yes  no (if yes attach copy thereof).

Have you satisfactorily completed a practical test of your ability to use and care for firearms as approved by this law enforcement agency?  yes  no (if yes attach proof of completion).

Have you ever been pardoned for a crime of violence?  yes  no LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, STATE):  
PARDON DATE  ORIGINAL CHARGE:

I AM (circle one) AMERICAN CITIZEN LEGAL RESIDENT 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 \_\_\_\_\_

Statutory Authority: *MS s 624.7151*

History: *18 SR 390*

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FIREARMS PERMIT STANDARDS 7416.9930

## 7416.9930 RECEIPT AND DISCLOSURE FORM, MINNESOTA HANDGUN PERMITS.

Have you ever been confined or 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 Minn. Stat. 253B.02?  yes  no If yes, attach proof you are no longer suffering from this disability.

Have you ever been hospitalized or committed for treatment for the habitual use of a controlled substance or marijuana?  yes  no 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?  yes  no If yes, have you completed treatment?  yes  no

Are you a peace officer?  yes  no If yes, have you ever been informally admitted to a treatment facility pursuant to Minn. Stat. 253B.04 for chemical dependency?  yes  no If yes, attach certificate from head of the facility discharging or provisionally discharging you from the facility.

### 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 handgun and/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 through the Minnesota Crime Information System and local Police/Sheriff files to determine your eligibility to purchase 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.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### RESTRICTIONS

The following restrictions apply to permits to acquire handguns from licensed dealers, acquisitions of handguns from licensed dealers without a permit, and permits to carry handguns:

- Must be at least 18 years old, 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 M.S. 624.712, subd. 3) 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 M.S. 609.224 in Minnesota or elsewhere since August 1, 1992: (1) within 3 years of a previous assault conviction under M.S. 609.221 to 609.224; 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 confined or committed to a treatment facility in Minnesota or elsewhere as mentally ill, mentally retarded, or mentally ill and dangerous to the public, unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that you no longer suffer from the disability.
- 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.

The following requirements, in addition to those state above, also apply to permits to carry handguns:

- 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.

### RECEIPT AND DISCLOSURE FORM, MINNESOTA HANDGUN PERMITS

I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION FOR A MINNESOTA HANDGUN PERMIT:

SIGNATURE OF PERSON ACCEPTING APPLICATION \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_

\*\*\*\*\*THIS RECEIPT DOES NOT CONSTITUTE A PERMIT TO PURCHASE OR CARRY HANDGUNS\*\*\*\*\*

Statutory Authority: *MS s 624.7151*

History: *18 SR 390*

MINNESOTA RULES 1993

7416.9940 FIREARMS PERMIT STANDARDS

7416.9940 MINNESOTA STATE PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS.

MINNESOTA STATE PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS

Name \_\_\_\_\_ Race/Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

\_\_\_\_\_  
Issuing Authority 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*

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FIREARMS PERMIT STANDARDS 7416.9950

7416.9950 MINNESOTA STATE PERMIT TO CARRY A HANDGUN.

MINNESOTA STATE PERMIT TO CARRY A HANDGUN

PHOTO

Control # \_\_\_\_\_

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.

=====  
↓ "Reverse side" of Permit to Carry a Handgun ↓

This Permit is granted to the permittee identified hereon solely for carrying a handgun during the following activities: Not 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, 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*