CHAPTER 7416 DEPARTMENT OF PUBLIC SAFETY FIREARMS PERMIT STANDARDS

 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 LINIFORM FIREARM

PERMIT TO CARRY A PISTOL.
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 9950

7416.9940 MINNESOTA STATE PERMIT TO

ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS. MINNESOTA STATE PERMIT TO

CARRY A HANDGUN.

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7416.9910 [Repealed, 19 SR 1151]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 PERMIT STANDARDS

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

Α.

			IINNESOTA UN	IFORM FIRE	ARM APPLICA	TION/RECE	PT	CHECKTYPE
			SFEREE PERMI					□ NEW
1	3		TRANSFERE	E PERMIT	REPORT	OF TRANSFE	R	RENEWAL
10				(TYPE OR P	RINT ONLY)			
omitted pertir becomes pro- suthority. The	nent inform hibited from waiting pe	etion, that person possessing a pi riod for reports o	on may be aubject istol under section I transfer will begin	to oriminal pro 824.713, in whi on the date of	esecution. The tra ch event the holds the delivery of this	insteree permit or shall return the application to the	shall be void at se permit within ti se chief of police	
completed in days or it will	addition to	the applicant info	form must be com ormation, This appl	pleted in its en cation must be	trety or it will be a delivered to the la	denied. The sec aw enforcement	tion marked Dec agency having p	er information must be risdiction within three (3)
·				DEALER IN	FORMATION			
DEALERS HAVE &	HOME EX HAN	2).			3.0		FF LICENSE NUMB	in .
DEALER STREET	DOMESS.				ary.		BTATE	29 COOE
APPLICATE DES	IIITY VERHEIEI	SEV PICTURE ID	DATE OF AGREEMENT YO	TRANSFER	SOUNTURE OF DEALE	A REMEMBER NATIO		J
☐ YES (.] но							
				TA BRACTU	ES ADVISOR	, -		
The Minnes	eta Data Pr	actions Act rea	uires that you be a					
eligibility to per You may refu being process error regarding to other law e	pasess a fir use to provi sed. Inform ug older rec inforcement	serm and/or carride this informati ation regarding " ords. The inform t agencies.	y a handgun. on: however shout	d you refuse, t addresses (pa de will be used	ne investigation or st 10 years)* is op by the ilcensing a	sonot be comple	sted and will read	to being asked to provide mation to determine your aft in your application not if reduce the possibility of in, and may be conveyed
APPLICANT S	SKINATURI	i:					DATE:	
		AL PELA	ORIZATION FOR	000000	05.000	CAT INCODE	ATION	
authorize the possess a fin	release of a	ermit to purchase commitment info	s a firearm, report	ng the transfer by the Commi- ie to provide the	of a firearm, or f	or a permit to o	carry a handgun, will be used to de	you are being asked to termine your eighbity to investigation cannol be
assault weep	sclose com on under M	mitment informe	\$824.713, subdivi	e information r sion 1 to the lo	elates to my eligib cel police authorit	ility to possess y reviewing this	a handgun or see	Commissioner of Human hisutometic military-style re purpose of conducting
APPLICANT S							DATE:	
			tion at any time ex	peol to the ext	ent that the Comm	nissioner of Hui		s already taken action in
reliance on it.	If not previ	ously revoked, th	us authorization wil	terminate upo	n notification to the	applicant of th	e denial or grant	of this application.
			- AI	PLICANT II	FORMATION			
HAME (LAST, FIRST	MODRE, JAVE	IA).				DATE OF BURTH.		HOME PHOME HUMBER.
MADE! HAVE OF A	PRUCASED O	OTHER HAMES YOU	J HAVE USED:			l		
PREMENT REGIOEN	CE AZOREU			arv		COUNTY	STATE.	THE COOK
war —	96%	нейнт.	WEIGHT	EYE COLOR.	HAIR COLOR	UN DRIVERS LICE	HEE OF ID HUMBER.	_ _
DISTRICUISMEN P	WINCAL CHUI	ACTERISTICS ANCUE	DING SCURE, MARKS, TA	1700#. E1G).		l		
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FIREARMS PERMIT STANDARDS 7416.9911

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	STREET ADDRESS		CITY	-	COUNTY	STATE	ZIP CC	DOE
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_								
	Have you been convicted of a crime of vio						П.v.	☐ YE
	either (1) been restored to your civil rights if yes, complete the following information:	at reast 10 ;	reams ago or (2) your sem	ience expr	reciationant to y	eans ago? .	LI NO	LITE
		CRANCID:						
	COMPCTION CO. LEWI					- 1		
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)							
						- 1		
								
,	Have you been convicted after August 1, 1	002 of ess	will in the 88th decree	ter Minn (2 at 800 2242		□ NO	□ vec
	If yes, was the assault committed within the							□ 163
	609.224 QR was the assault victim a family			CHOIL CITCH			□ND	TIYES
	If yes, complete the following information:							
		CRAIL(S)						
						l.		
	LOCATION OF CONNCTION (CITY, COUNTY, STATE)		· · · · · · · · · · · · · · · · · · ·			——		
						1		
3.	Have you been convicted of a crime punis	hable by In	prisonment for a term e	xceeding i	one veer recerd	less of what		
	punishment was actually imposed?.				,		ON 🗀 .	☐ YES
	If yes, complete the following Information:							
- 1	CONNETION DATE(S)	CRIME(3)						
1						- 1		
	LOCATION OF CONVICTION (CITY, COUNTY STATE).							
- 1								
4.	Have you ever been pardoned for a crime	of violence?					□ N O	□ YES
	If yes, complete the following information:						□ю	□ YES
	If yes, complete the following information:	of violence?					□ N O	□ YES
ĺ	If yes, complete the following information: Filted date:	orana ca					□ NO	□ YES
ĺ	If yes, complete the following information:	orana ca					□ NO	□ YES
ĺ	If yes, complete the following information: Filted date:	orana ca					□но	□ YES
	If yes, complete the following information: Filted date:	OFFICEREL CHAP	38	been exp	inged. Set aside	or		
	If yes, complete the following information: FARCOST CATE: LOCATION OF CREATED. CONNECTION (CITY, COUNTY, ET. Under the law of the jurisdiction where you perdoned or have you had your civil rights.	were convinestored?	cted, has your conviction		-			
	If yes, complete the following information: ###SON DATE: LOCATON OF ONGINAL CONNECTION (OTV. 80-00). Bit of the law of the jurisdiction where you perdoned or have you had your civil rights (Altach a copy of documentation establish).	were convinestored?	cted, has your conviction		-			
	If yes, complete the following information: FARCOST CATE: LOCATION OF CREATED. CONNECTION (CITY, COUNTY, ET. Under the law of the jurisdiction where you perdoned or have you had your civil rights.	were convinestored?	cted, has your conviction		-			□ YES
	If yes, complete the following information: FMBOH DATE: LOCATION OF ORGINAL CONNOTION (OTV. COLUMN, ET. LOCATION OF ORGINAL CONNOTION (OTV. COLUMN, ET. LOCATION OF ORGINAL CONNOTION (OT LOCATION OF ORGINAL CONNOTION (OT LOCATION OF OTRIBUTE OF OTRIBUTE OF OTRIBUTE OF LOCATION OF OTRIBUTE OF OTRIBUTE OF OTRIBUTE OF LOCATION OF OTRIBUTE OF OTRIBUTE OF LOCATION OF OTRIBUTE OF OTRIBUTE OF LOCATION OF L	were convirestored?	cted, has your conviction conviction has been expu	nged, set	aside, or pardon	ed or that		
6.	If yes, complete the following information: PRESSHEATS: LOCATION OF CHARINAL CONNECTION (CITY, COUNTY, BT. LOCATION OF CHARINAL CONNECTION (CITY, COUNTY, BT. LOCATION OF CHARINAL CONNECTION (CITY, COUNTY, BT. LOCATION OF CHARINAL CONNECTION (CITY, CITY,	were convi- restored?. ng that the i	cted, has your conviction conviction has been expu	nged, set	aside, or pardon	ed or that	□no	□YES
6.	If yes, complete the following information: PRECED TO THE INTERPOLATE CONTROL OF THE INTERPOLATE COUNTY BY LOCATION OF CHAINAL CONTROL OF COUNTY BY LOCATION OF CHAINAL CONTROL OF COUNTY BY LOCATION OF CHAINAL CONTROL OF COUNTY BY A CHAINAL CONTROL OF COUNTY BY A CHAINAL CONTROL OF COUNTY BY LOCATION OF COUNTY BY	were convi- restored? ng that the i	cted, has your conviction conviction has been expu passession, or sale o as defined in Minn Stat	nged, set a	sside, or pardon fied substance ubd 18)?	ed or that	□ NO	□ YES
6.	If yes, complete the following information: PRESSHEATS: LOCATION OF CHARINAL CONNECTION (CITY, COUNTY, BT. LOCATION OF CHARINAL CONNECTION (CITY, COUNTY, BT. LOCATION OF CHARINAL CONNECTION (CITY, COUNTY, BT. LOCATION OF CHARINAL CONNECTION (CITY, CITY,	were convi- restored? ng that the i	cted, has your conviction conviction has been expu passession, or sale o as defined in Minn Stat	nged, set a	sside, or pardon fied substance ubd 18)?	ed or that	□ NO	□ YES
6.	If yes, complete the following information: PRECONDATE: LOCATION OF CHARMAL CONNECTION (OTV. COUNTY, BT. LOCATION OF CHARMAL CONNECTION (OTV. COUNTY, BT. LOCATION OF CHARMAL CONNECTION (OTV. COUNTY, BT. LOCATION OF CHARMAL CONNECTION (OTT) LOCATION OF CHARMAL CONNECTION (OTT) Have you ever been convicted for the uconviction for possession of small amount (Are you an unfawful user of any controlled	were convi- restored? og mat the i mlawful use of Marijuane substance i	cted, has your conviction conviction has been expu , possession, or sale o a seffined in Minn Stat is defined in Chapter 152	nged, set : f a contro 152 01, a	aside, or pardon died substance ubd 18)? ta Statutes?.	ed or that	□ NO	□ YES □ YES
6. ·	If yes, complete the following information: PRECED TO THE INTERPOLATE CONTROL OF THE INTERPOLATE COUNTY BY LOCATION OF CHAINAL CONTROL OF COUNTY BY LOCATION OF CHAINAL CONTROL OF COUNTY BY LOCATION OF CHAINAL CONTROL OF COUNTY BY A CHAINAL CONTROL OF COUNTY BY A CHAINAL CONTROL OF COUNTY BY LOCATION OF COUNTY BY	were convirented?. The convirence of the convir	cted, has your conviction conviction has been expu , possession, or sale o , as defined in Minn Stat is defined in Chapter 152 sment for the habitual use	f a contro 152 01, a , Minnesor	side, or pardon fied substance ubd 18)? a Statutes?.	od or that (other than or marijusna?	□ NO	□ YES □ YES
6. ·	If yes, complete the following information: Preson date: LOCATION OF ORGINAL CONNECTION (OTT), COUNTY, ET. After you ever been convicted for the unconviction for possession of small amount (Ane you an untrawful user of any controlled Have you ever been hospitalized or commit if yes, attach proof that you have not abuse of several tractions or the proof of	were convi- restored? nj that the in- milawful use of Marijuana substance a ted for treat id a controll id a c	cted, has your conviction conviction has been expu , possession, or sale o as defined in Minn Stat is defined in Chapter 152 ment for the habitual use ad substance or marijuan ad substance or marijuan	f a contro 152 01, a Minnesor of a contr a during the	tied substance ubd 16)? a Statutes?. olied substance se previous two	ed or that (other than or marijuana?	□ NO	□ YES □ YES
6. 6. 7. 1	If yes, complete the following information: PRECED TO THE INTERPRETATION OF THE INTERPR	were convi- restored? nj that the in- milawful use of Marijuana substance a ted for treat id a controll id a c	cted, has your conviction conviction has been expu , possession, or sale o as defined in Minn Stat is defined in Chapter 152 ment for the habitual use ad substance or marijuan ad substance or marijuan	f a contro 152 01, a Minnesor of a contr a during the	tied substance ubd 16)? a Statutes?. olied substance se previous two	od or that (other than or marijuana? years,	NO	☐ YES ☐ YES ☐ YES
6. ·	If yes, complete the following information: Preson date: LOCATION OF ORGINAL CONNECTION (OTT), COUNTY, ET. After you ever been convicted for the unconviction for possession of small amount (Ane you an untrawful user of any controlled Have you ever been hospitalized or commit if yes, attach proof that you have not abuse of several tractions or the proof of	were convi- restored? nj that the in- milawful use of Marijuana substance a ted for treat of a controll	cted, has your conviction conviction has been expu , possession, or sale o as defined in Minn Stat is defined in Chapter 152 ment for the habitual use ad substance or marijuan ad substance or marijuan	f a contro 152 01, a Minnesor of a contr a during the	tied substance ubd 16)? a Statutes?. olied substance se previous two	od or that (other than or marijuana? years,	ON	☐ YES ☐ YES ☐ YES

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7416.9911 FIREARMS PERMIT STANDARDS

C.

		_
Have you fied from any state to avoid prosecution for a crime or to avoid giving testimony in any cr	ziminat proceedings? 🗌 NO 🔲 Y	ES
19. Are you a peace officer?	NO 🗆 Y	ES
If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statuti chemical dependency?		ES
If yes, attach certificate from head of the facility discharging or provisionally discharging you from t	the facility.	
11. Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally fit".		
retarded*, or "mentally iff and dangerous to the public" person as defined in Minnesota Statute § 25 If yes, attach proof you are no longer suffering from this disability.	538.027 UNO LIY	ES
12. Have you been confined in a treatment facility as a "mentally lift, mentally retarded", or "mentally il	fl and dead-rough	
the public" person as defined in Minnesota Statute § 2539.02 or been found incompetent to stand	trial or not guilty by	
reason of mental liness?		EŞ
13. Have you ever been discharged from the armed forces of the United States under dishonorable co	onditions? NO 🗍 Y	ES
14. Have you ever renounced your chizenship having been a chizen of the United States?	ONO DY	ES
15. I am (check one)	Alien (Attach copy of documentati	ion)
INTERPLATED THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT		
	1	
SIGNATURE OF APPLICANT:	DATE:	
RESTRICTIONS		_
The following restrictions apply to the possession of finerms, to transferee permits and o	reports of transfer for handgune a	and
semisutomatic military-style assault weapons, and permits to carry handguns. • Must be at least 18 years old to acquire or possess a handgun or a semisutomatic 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 § 624.712, unless 10 years have elapsed since your civil rights have been restored or your sentence has expire convicted of any other crime of violence. 		
 Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes § 009.224 in Min. (1) within 3 years of a previous assaud conviction under Minnesota Statutes § 009.221 to 09.245; or () household member, unless 3 years have elapsed since the date of conviction and during that time you degree assault. 	mesots or elsewhere since August 1, 19 (2) where the asseult victim was a family have not been convicted of any other fa	92: / or fth
 Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mental dangerous to the public." 	lly III, mentally retarded, or mentally III a	and
 Must not have been either convicted in Minnesota or elsewhere of uniserful use, possession or as possession of a small amount of marijuana), or hospitalized or committed for treetment for the habitual is unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that you during the past they want. 	ale of a controlled substance (other thuse of a controlled substance or marijua ou have not abused a controlled substan	NEA INS.
 Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemica treatment. 		j
 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. 		- 1
• Must not have been convicted in Minnesots or elsewhere of a crime purishable by imptisorment temperaturing to artitural violations, unfail trade practicips, restraints of trade, or sinifial collesses relating unless your civil rights have been restored or the conviction has been pardoned, expunged, or set aside.	or more than a year (other than oftens ig to the regulation of business practic	01)
Must not be rupitive from justice. Must not be a user of any controlled substance as defined in Chapter 152 of Minnesota Statutes.		İ
• Must not be an alien who is allegally 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 it, mentally the public or found incompetent to stand trial or not guilty by reason of mental lineas unless you post 	y retarded or mentally ill and dangerous	to
the public or found incompetent to stand trial or not guilty by reason of mental litness unless you posi- psychiatrist ficensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability	sess a certificate from a medical doctor ly.	or
The following requirements, in addition to those stated above, also apply to permits to carry handgur	ne:	
 Must provide either a firearms safety certificate recognized by the Department of Natural Resources, er oblitty to use a firearm supervised by the other of police, or sheriff, or other satisfactory proof of ability. Must have an occupation or personal safety hazars requiring a permit to carry. 	widence of successful completion of a tr to use a pistol safety.	DGT
REVISED NA		
PETROLUGIEM CUT MERE		
		_
RECEIPT		4
I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:		
Signature of person accepting application:		4
Date: Time:		
Date: Time:		٦
This receipt does not constitute a permit to acquire, possess or	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]

MINNESOTA RULES 1997

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FIREARMS PERMIT STANDARDS 7416.9931

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

A.

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NOTICE TO APP omitted pertinent

NOTE: This consent is subjections on it. If not previous

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

☐ NEW	ļ
RENEWAL	

(TYPE OR PRINT ONLY)

DATA PRACTICES ADVISOR	IY
The Minnesota Data Practices Act requires that you be advised of the following inform	nation:
As an applicant for a permit to purchase a linearm, for reporting the transfer of a firearm, or private end/or confidential data about yourself which will be used to check criminal histories, eligibility to possess a linearm and/or carry a handgun.	
You may refuse to provide this information; however should you refuse, the investigation of being processed, information regarding "previous residence selfenses (seat 10 years)" is of error regarding older records. The information that you provide will be used by the licensing to other law enforcement agencies. INAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.	ptional. However, if provided, it will reduce the possibility (
SIGNATURE:	DATE:
SIGNATURE: AUTHORIZATION FOR RELEASE OF COMMITM	
	IENT INFORMATION for a permit to carry a handgun, you are being asked to Savvices which will be used to determine your eligibility in
AUTHORIZATION FOR RELEASE OF COMMITM As an applicant for a permit to purchase a firearm, reporting the transfer of a firearm, or authorize the release of commitment information maintained by the Commissioner of Human possess a fereign and/or carry a handgun, You may refuse to provide this subhortastion;	IENT INFORMATION for a permit to carry a handgun, you are being asked to Savvices which will be used to determine your eligibility in

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THE SERVING SECURITY OF COMMENT OF

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CONTINUED ON REYERSE SIDE

7416.9931 FIREARMS PERMIT STANDARDS

В.

'	either (1) been restored to your civil rights at ### yes, complete the following information:	it least 10 years ago or (2) your sentence expired at least 10 years ago?	. 🗆 NO	YES
1		Paul(d)		
	LOCATION OF CONNECTION (CITY, COUNTY, STATE).			
	If yes, was the asset committed within the 609.224 OR was the asset victim a tamily if yes, complete the following information: CONNECTION DATES; LOCATION OF CONNECTION CONNECTION STATES M Have you been convicted of a crime punishment was actually imposed?	reg., of assault in the fifth degree under Minn. Stat. 609.224?	🗆 NO	☐ YES
	If yes, complete the following information:			
	COMMETION DATE(S): [COCATION OF CONVICTION (CITY, COUNTY, STATE)	NuEd)		
4	If yes, complete the following information:	l violence?	. 🗆 NO	□YES
	pardoned or have you had your civil rights re	vere convicted, has your conviction been expunged, set askide or stored?. g that the conviction has been expunged, set askide, or pardoned or that	. 🗋 NO	□YES
5.		lawful use, possession, or sale of a controlled substance (other than Marijuana as defined in Minn. Stat. 152.01, subd. 16)?	□no	□ YES
6.	Are you an unlawful user of any controlled su	ubstance as defined in Chapter 152, Minnesota Statutes?	□ NO	□ YES
7.		ed for treatment for the habitual use of a controlled substance or marijuana?, i a controlled substance or marijuana during the previous two years.	ON	□ YES
8.	as defined in Minn. Stat. 253B.027	o a treatment facility in Minnesota or elsewhere as "chemically dependent"		
	If yes, have you completed treatment?		.□NO	YES
9.	Do you hold a lirearms safety certificate? (If	yes, attach copy thereof)	□ NO	☐ YES
10.		I test of your ability to use and care for firearms as approved by this law I completion)	ON	□ YES
11.	Have you fied from any state to avoid prosec-	ution for a crime or to avoid giving testimony in any criminal proceedings?	Ои	□ YES
REVI	SED 9/94			

FIREARMS PERMIT STANDARDS 7416.9931

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12	Are you a poece officer?	. 🗆 но	☐ YES				
1	If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute 2538.04 for chemical decendency?	Пио	☐ YES				
	If yes, attach certificate from head of the facility discharging or provisionally discharging you from the facility.						
13.	Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally if", "mentally instanced", or "mentally if and dangerous to the public" person as defined in Minnesota Statute § 2538.027. If yes, attach proof you are no longer suffering from this disability.	. 🗆 но	YES				
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 § 2538.02 or been found incompetent to stand trial or not guilty by reason of mental illness?	□NO	YES				
1	Have you ever been discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under discharged from the armed forces of the United States under	_	☐ YES				
16	Mave you ever renounced your ditizenship having been a citizen of the United States?	∐ NO	YES				
17	I sum (check one) American Citizen Legal Resident Allen (Attach copy	y of docum	nentation)				
LH	ereby/Appris that the information provided on this application/recept is correct upo Declition and/or voiding of any permit issued hereunder.	H PENA	LTY OF				
$\overline{}$	MATURE OF APPLICANT: DATE:						
	RESTRICTIONS 45						
1	PESTRICTIONS (a) restrictions apply to the possession of fineers, to transferse permits and reports of transfer	lor bendo					
301	nisutomatic military-etyle assault wespons, and permits to carry handgurs.						
l	Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault weapons, but under at least 21 years old to acquire handguns from licensed dealers.						
١.	 Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 624.712, subdivision 5) in Min- unities 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. 	esote or e you have	not been				
•	Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes § 609.224 in Minnesota or elsewhere at (1) within 3 years of a previous assault conviction under Minnesota Statutes § 609.221 to 609.224; or (2) where the assault vinouehold member, unless 3 years have elapsed since the date of conviction and during that time you have not been convict degree assault.	ictim was a	family or				
•	Must not have been judicially committed to a treatment lacility in Minnesota or elsewhere as "mentally ill, mentally retarded	l, or menta	illy II) and				
•	derignrous 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 psychiatriat, 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 Minnesola or elsewhere as chemically dependent, unless treatment.	you have o	ompleted				
•	Must not be a peace officer who has been informally admitted to a treatment facility for chemical dependency, unless you prom the head of the treatment facility discharging or provisionally discharging you from that facility.	1088 0 85 a (certificate				
	Must not have been convided in Minnesote or elsewhere of a other punishable by imprisonment for more than a year (pertaining to antifrust violations, unfair trade practices, restraints of trade, or almitar offenses relating to the regulation of unless your old rights have been restored or the conviction has been particined, expunged, or est saids.	other then business p	offenses oractices)				
	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 ation who is litegally or unlawfully in the United States.		İ				
•	Must not have discharged from the armed forces of the United States under dishonorable conditions.						
	Must not have renounced your United States citizenship.	II and dans					
	Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally III, mentally retarded or mentally, the public or found incompetent to stand that or not guilty by reason of mental Riness unless you possess a certificate from psychiatrial licensed in Minnesota, or other satisfactory proof that you no longer suffer from this deability.	a medical	doctor or				
	following requirements, in addition to those stated 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.						
	including some a linearing section of the chief of police, or shertly, or other satisfactory proof of ability to use a pistor safety. Must have an occupation or personal safety hazard requiring a permit to carry.	porrepressor	G & G91				
REVIS	ED MM						
i E	ACCEPT ACCEPT	-	111				
	REBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:						
, nE	REDI AUAROTELLOSE ACCEPTANCE OF TRIO APPEICATION.						
Sign	nature of person accepting application:						
Dat	e: Time:						
	This receipt does not constitute a permit to acquire, possess or carry firearms.						
	time receipt does not constitute a permit to acquire, possess or carry irrestrict.						

Statutory Authority: MS s 624.7151

History: 19 SR 1151

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
D.O.B.	Height		Hair Color
Scars/Marks Weight			Eye Calor
Issuing Author	rity Signature	Sign	ature of Permittee
Issuing Agency	·		VALID WITHOUT OTHER IFYING MINNESOTA ID
firearms deale	ers pursuant to M	innesot	ire handguns from federal a 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 PERMIT STANDARDS 7416.9950

7416.9950 MINNESOTA STATE PERMIT TO CARRY A HANDGUN.

MINNESOTA STATE PERMIT TO CARRY A HANDGUN

			Control #			
PHOTO		Name				
		Race/	Sex			
		Addre	ss			
		City_				
D.O.B.	Height	· · -·	Hair Color]		
Scars/Marks	Weight		Eye Color	İ		
				•		
Signature of Permi	ttee	Iss	uing Agency	-		
EXPIRES:						
		Iss	uing Authority Signature	-		
NOT VALII	WITHOUT OTH	ER QUALI	FYING MINNESOTA ID			
	under the a	uthority	of the permittee when granted hereon and within side.			
			Carry a Handgun +	- -		
	ndgun during	the foll	e identified hereon solely owing activities: <u>Not</u>			
The said of the said of the said						
				<u>.</u>		
<u> </u>		**************************************		2		
that if he/she her pistol under Minne becomes null and v	reafter becomesota Statute void and he/s	es prohi s Sectio he shall	s Permit, the holder agrees bited from possessing a in 624.711, this Permit return this Permit to the after becoming so	S		

Statutory Authority: MS s 624.7151

History: 18 SR 390