CHAPTER 7416 DEPARTMENT OF PUBLIC SAFETY FIREARMS PERMITS

7416.0100	APPLICATION FOR A HANDGUN	7416.9931	MINNESOTA UNIFORM HANDGUN
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7416.0300	REPORT OF TRANSFER OF A HANDGUN.	7416.9940	MINNESOTA PERMIT TO ACQUIRE
7416.0400	APPLICATION FOR A PERMIT TO CARRY A	7410.2240	HANDGUNS FROM FEDERAL FIREARMS
7416 0500	PISTOL.		DEALERS.
7416.0500	PERMIT TO CARRY A PISTOL.		
7416.9911	MINNESOTA UNIFORM FIREARM	7416.9950	MINNESOTA PERMIT TO CARRY HANDGUN.
	APPLICATION/RECEIPT TRANSFEREE		
	PERMIT OR REPORT OF TRANSFER FOR		
	FIREARMS.		

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7416.9910 [Repealed, 19 SR 1151]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 MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT TRANSFEREE PERMIT OR REPORT OF TRANSFER FOR FIREARMS.

A.

MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT						CHECK TYPE		
	A	TRAN	TRANSFEREE PERMIT OR REPORT OF TRANSFER FOR FIREARMS					□ NEW
			TRANSFEREE PERMIT REPORT OF TRANSFER					RENEWAL
	FE'			TYPE OR PE	RINT ONLY)			
omitted pertine becomes prohi	kit informa bited from p	tion, that perso possessing a p	in may be subject i	to criminal pros 24.713, in which	ecution. The tran	steree permit : r shall return the	shall be void at a permit within fiv	stied this application, or the time that the holder e (5) days to the issuing or sheriff.
completed in a	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 INFO	ODMATION			
DEALERS HAME (DA	APPE \$3 NAME	a		PEALER INT	DIMATION		IF LICENSE HUNBE	A:
CEALER STREET A	OFESS				STY .		BIATE	ž:P CODE
APPLICANT'S IDENT	TY VERSIED	BY PICTURE IC	DATE OF AGREEMENT TO	TRANSFER S	MATURE OF DEALER	REPRESENTATIVE	<u> </u>	.l
□ YES □) NO							
r			DA	A PRACTIC	ES ADVISORY			
The Minneso	a Data Pra	ctices Act req	uires that you be a					
private and/or	confidentia	il data about yo	urself which will be :	ing the transfer used to check o	of a firearm, or pr riminal histories, r	ermit to carry a arrest records, s	handgun, you an and warrant infor	n being asked to provide mation to determine your
You may refu- being process error regarding to other law er	eighbity to possess a frearm and/or carry a handgun. You may returb to provide this information, however should you refuse, the investigation cannot be completed and will result in your application not being processed. Information negarding "previous residence addresses (past 10 years)" is optional. However, it 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. If HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISIONY.							
APPLICANT S	APPLICANT SIGNATURE: DATE:							
AUTHORIZATION FOR RELEASE OF COMMITMENT INFORMATION								
As an applicant for a permit to purchase a first minimum representation of the first minimum representation of the second properties of the second								
I, (type or prin								Commissioner of Human
assault weapouthe backgroun	rciose com in under Mi id investiga	mitment information in the control of the control o	ation to the extent the §624.713, aubdive Minnesota Law.	e information re sion 1 to the loc	at police authority	itly to possess it	a handgun or ser application for th	niautomatic military-style e purpose of conducting
APPLICANT S	IGNATURE	:					DATE:	
			ation at any time ex his authorization will					s already taken action in of this application.
				PLICANTIN	FORMATION			
HAME (LAST, FIRST	WOOLE, JAVS	A)				DATE OF BIRTH		HOME PHONE NUMBER
maden name at admicals on other names you have used								
PREMENT RESIDEN	ČĒ ADDRESS			arv		COUNTY	STATE	ZIF GOOE
PAGE	el x	HEIGHT	WEXENT	EAE COTON	HAUR COLOR	NA DRIVERS LICE	NSE OF IO NUMBER	L
DIŠTINČIJISTĖNO P	YBICAL CHAR	ACTERISTICS (INCL	LOING SCARS, MARKS, TA	TTOOS, ETC)	<u> </u>	!		
·	CONTINUED ON REVERSE SIDE							

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B.

\vdash	STREET ADDRESS			CITY	COUNTY	STATE	ZIP CO	DE
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					1	i l		ł
1.	Have you been convicted of a crime of vio							_
	either (1) been restored to your civil rights if yes, complete the following information:	at least 10	years ago or (a	z) your sentence	expired at least 10 ye	ears ago? .	. 🗆 NO	L YES
	ODMACTION DATE(S)	CRIME(S)						İ
	[- 1		
	LOCATION OF COMPLETION (CITY, COUNTY, BTATE)							
	Ĺ							
	Have you been convicted after August 1, 1	002 of see	aut la the fifth	denne under M	line Stat #00 2242		Пио	TYES
-	If yes, was the assault committed within th					.221 to		, rea
	609.224 OR was the assault victim a famile						. 🗆 no	YES
	If yes, complete the following information:							
	CONVICTION BATE(S).	CR:UE(S).				ŀ		
	LOCATION OF CONVICTION (CITY, COUNTY STATE)							
						į		
3	Have you been convicted of a crime punis	shable by u	mprisonment fo	or a term exceed	ding one year regard	less of what		_
	punishment was actually imposed? If yes, complete the following information:						U NO	YES
	CONVICTION DATE(S):	CREWE(S)						1
						İ		
	LOCATION OF CONVICTION (CITY, COUNTY, STATE).							
								
	Have you ever been pardoned for a crime	of violence	,					□ yes
	If yes, complete the following information:							
	PARDON DATE	ORIGINAL CHÂ	AGE					
	LOCATION OF CRIGINAL CONVICTION (CITY, COUNTY, 81	ATE						
	Source or Original Contribution (C17, COUNTY, 81					5		
	Under the law of the jurisdiction where you	were conv	irted has you	conviction been	avnumed set series			
	pardoned or have you had your civil rights		wou, nas you	- ITICION DOBI	i unpullyou, sei 83100	01	□no	YES
	(Attach a copy of documentation establish	ing that the	conviction has	been expunged	l, set aside, or pardon	ed or that		
	you have had your civil rights restored.)							
5.	Have you ever been convicted for the	uniawful us	e, possession	, or sale of a o	controlled substance	(other than		
	conviction for possession of small amount					,	□ NO	YES
8.	Are you an unlawful user of any controlled	substance	as defined in (Chapter 152, Min	nnesota Statutes?.		□no	YES
	Have you ever been hospitalized or comm					nr mariluana?		Tyes
	If yes, attach proof that you have not abus	ed a contro	lied substance	or manjuana du	ring the previous two	years	,	_ ,
8	Have you ever been contined or committee				-			
	as defined in Minn Stat 253B 027	,	,			,poco-it	□NO	YES
	If yes, have you completed treatment?.							YES
			·					

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7416.9911 FIREARMS PERMITS

C.

Đ.	Have you fied from any state to avoid prosecution for a offine or to avoid giving testimony in any criminal proceedings?	. 🗆 но	□ YES				
10.	Are you a peace officer? ,	🗀 NO	L) YES				
	If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute 253B.04 for	O	C				
	chemical dependency? If yes, attach certificate from head of the facility discharging or provisionally discharging you from the facility.	. LJ NO	∟ YES				
11	Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally iil", "mentally						
	relateded", or "mentally ill and dangerous to the public" person as defined in Minnesota Statute § 2538.02?	□NO	C YES				
12	Have you been confined in a treatment facility as a "mentally fil", mentally retarded", or "mentally ill and dangerous to						
	the public* person as defined in Minnesota Statute § 2538.02 or been found incompetent to stand that or not guilty by reason of mental illness?	. 🗆 NO	LIYES				
13.	Have you ever been discharged from the armed forces of the United States under dishonorable conditions? ,	□NO	□ YES				
14.	Have you ever renounced your citizenship having been a citizen of the United States?	□ю	∷ YES				
15.	1 am (check one)	of docum	nentation)				
i K	EREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS CORRECT UPO DESCUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.						
_	INATURE OF APPLICANT: DATE:						
Ξ							
	RESTRICTIONS						
The	tollowing restrictions apply to the possession of firearms, to transfere permits and reports of transfer fi	or hando	uns and				
	mjautometic military-style assault weapons, and permits to carry handguns. • Must be at least 19 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 locread delater.	federal la	w must be				
	at leasar 2 years onco acquire managum som iconesso cessor. Manasota Stahles § 624,712, subdivision 5) in Mino Must not have been convided of a crime of violence (se defined in Manasota Stahles § 624,712, subdivision 5) in Mino unless 10 years here elapsed since your dividinghts have been restored or your sentence has explied, and during that time convided of any other crime of violence.	esota or i	elzewhere				
	Must not have been convicted of fifth-degree assembles defined in Minnesote Statules 6.509.224 in Minnesote or elsewhere as	nce Aunui	11 1992				
	(1) within 3 years of a previous assault conviction under Minnesota Statutes § 600.221 to 500.224 or (2) where the assault vanhousehold member, unless 3 years have elapsed since the date of conviction and during that time you have not been convicted degree assault.						
	 Must not have been judicially committed to a treatment facility in Mannesota or elsewhere as "mentally if, mentally retained, or mentally III and dangerous to the public." 						
	 Nuts 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 marijurary, in respetated or committed for testimate in the habitual use of accitoficial former or manusari, unless you possess a certificate from a medical doctor or psychistrat, or other satisfactory proof, that you have not abused a controlled aubstance 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 dacharging you from that facility. 						
	 Must not have been conviction in Amesola or elsewhere of a crime purehable by representant for more than a year (other than ottennes pertaining to anthesis violations, uries' takes practices, estatural of trade, or surviva dienses relating to the regulation of business practices) unless your ovir rights have been restored or the conviction has been pardoned, struunged, or set aside. Must not be update from full missing the properties of the conviction has been pardoned, struunged, or set aside. 						
	Must not be a user of any contolled substance as defined in Chapter 152 of Minnesota Statutes,						
	Must not be a user of any contolled substance as defined in Chapter 152 of Minnesota Statutes, Must not be an allen who is tilegally or unjustfully in the United States,						
	 Must not be an alien who is segarly or unlawrusly in the United States under dishonorable conditions. 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 II, mentally retarded or mentally it the public or found incompetent to stand trial or not guilty by reason of mental lines a unities you posses an entiticate from psychiabrist licensed in Minnesota, or other seathandory prior of the you no longer suffer from this disability. 	li and dar a medicul	igerous to doctor or				
The	e following requirements, in addition to those stated above, also apply to permits to carry handguna:						
'	 Must provide either a firearms safety certificate recognized by the Department of Natural Resources, evidence of successful of ability to use a firearm supervised by the chief of polices, or shertif, or other satisfactory proof of ability to use a pistol safety. 	completio	n of a wal				
	Must have an occupation or personal safety hazard requiring a permit to carry.						
_	SSD 604						
HE VI	CIT MERE						
	RECEIPT						
Ť							
H	EREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:						
Sig	gnature of person accepting application:						
Da	tte: Time						
	The second of th						
	This receipt does not constitute a permit to acquire, possess or carry firearms.						

Statutory Authority: MS s 624.7151

History: 19 SR 1151

7416.9920 [Repealed, 19 SR 1151]

7416.9930 [Repealed, 19 SR 1151]

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

A.



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

		(TYPE OR PRII	VT ONLY)			L RENEWAL
NOTICE TO APPLI omitted pertinent inf prohibited from pos authority. The waitin	ormation, that personsessing a piatol un-	n may be subject der section 624.7 on the date that th	to oriminal prose 13, in which eve	cution. The perm of the holder shi	It to carry shall be all return the peri	vold at the time mit within five (5)	affied this application, or that the holder becomes days to the application t 1" x 1" color head-and-
			DATA PRACTI	CES ADVISOR	NY.		
The Minnesota Da	ta Practices Act re	quires that you b	e advised of the	following inform	netion:		
private and/or confi eligibility to possess	dential date about y a firearm and/or ca	ourself which will rry a handgun.	be used to check	oriminal histories	s, arrest records,	and warrant infon	e being asked to provide mation to determine you
being processed. In error regarding olde to other law enforce	formation regarding or records. The information agencies.	*previous residen nation that you pr	oce addressas (pe ovide will be used	ist 10 years)" is o I by the licensing	ptional, However	, if provided, it will	it in your application no i reduce the possibility of n, and may be conveyed
THAVE READ AND	UNDERSTAND TH	E AROAE DATA	PRACTICES AC	VISOHY.			
BIGNATURE:						DATE:	
	AUTH	IORIZATION F	OR RELEASE	OF COMMITTE	MENT INFORM	ATION	
authorize the releas possess a firearm	e of commitment in	ormauon maintair Igun, You may re	ned by the Comm rluse to provide t	ssioner of Huma	n Services which	will be used to de	you are being asked to stermine your eligibility to investigation cannot be
assault weapon und	commitment inform	te §624.713, subc	division 1 to the k	relates to my eligocal police autho	pbility to possess rity reviewing this	a handgun or ser	Commissioner of Human nlautomatic military-style e purpose of conducting
SIGNATURE:						DATE:	
	nt is subject to revo- previously revoked,						already taken action in of this application.
MANE (LAST, FARST, MADO)	E. JA/SA)				DATE OF BIATH		HOME PHONE NUMBER
HADEN HAME OF APPLICA	BLE) OR OTHER NAMES Y	OU HAVE USED					
PRESENT RESIDENCE ACC	PESS		COTY		COUNTY.	STATE.	ZIP CODE
			i			1	
ALCE SES	HEIGHT	WEIGHT:	EYE COLOR	HAIR COLOR	MIN DRIVERS LICE	HSE ON ID NUMBER	
OSTINGUISHING PHYSICA	L CHARACTERISTICS (NO	ULDING SCAPS, WARK	a tathoos Etci				
· · · · · · · · · · · · · · · · · · ·						- ·	
i							
HATURE OF EMPLOYMENT	JOCCUPATION OF PERSO	MAL BAFETY HAZARO I	REQUIRING CARRYING	OF A HANDGUN			
							
		PREV	IOUS RESIDEN	CE (PAST 10 Y	EARS)		
	STREET ADDRESS			CITY	COUNT	Y STATE	ZIP CODE
··			<u> </u>				
			-i				·

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7416.9931 FIREARMS PERMITS

B.

1.	Have you been convicted of a crime of violence	to as defined in Minn. Stat. 624.712 in Minnesota or elsewhere and not		_
	either (1) been restored to your civil rights at is	east 10 years ago or (2) your sentence expired at least 10 years ago?	□ NO	YES
	If yes, complete the following information:			
	CONVICTION DATE(S)	(E(8):		
]			
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):			
	L			
				_
2.	Have you been convicted after August 1, 1992	of assault in the fifth degree under Minn. Stat. 609.224?		☐ YES
	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
	If yes, complete the following information:			
	CONNCTION DATE(S):	₹(d);		
	1			
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)			
	L	· · · · · · · · · · · · · · · · · · ·		
3.		ble by imprisonment for a term exceeding one year regardless of what	_	
	punishment was actually imposed?		□ NO	☐ YES
	If yes, complete the following information:			
	CONNETION DATE(S)	₹(3)		
	i i			
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)			
	1			
	Land			
			_	
4.	Have you ever been pardoned for a crime of v	iolence?	□ NO	☐ YES
	If yes, complete the following information:			
	PARDON DATE ORIC	NAL CHANGE		
	l ì			
	LOCATION OF DRIGHAL CONVICTION (CITY, COUNTY, STATE)			
	Linday the law of the fraction of the second	re convicted, has your conviction been expunged, set aside or		
	Under the law of the jurisdiction where you we	re convicted, has your conviction been expunged, set aside or		Type
	(Allege a serve of decrementation established	that the conviction has been expunded, set aside, or pardoned or that	_ NO	_ ,,,,
	you have had your civil rights restored.)	riat the conviction has been expunged, set aside, or pardoned or that		
	you have had your civil rights restored.)	•		
5.		wful use, possession, or sale of a controlled substance (other than		_
	conviction for possession of small amount of A	Aarijuana as defined in Minn. Stat. 152 01, subd 16)7	□NO	L YES
A	Are you an unlawful user of any controlled suf-	stance as defined in Chapter 152, Minnesota Statutes?		□ ves
٠.	roo you all all all all out of all y controlled good	San Co as Consider in Chapter 10c, millionous Calledge 1		
ı			_	_
7.		for treatment for the habitual use of a controlled substance or marijuana?,	_ NO	
	If yes, attach proof that you have not abused a	controlled substance or marijuana during the previous two years.		
8.	Have you ever been confined or committed to	a treatment facility in Minnesota or elsewhere as "chemically dependent"		
			. NO	☐ YES
	If yes, have you completed treatment?	100-1 des au périone nom u a combination : 2 mars a mais au 10 mais au 20 mais de 10 mais	Пио	Lj YES
9.	Do you hold a firearms safety certificate? (If y	es, attach copy thereof)	□ NO	☐ YES
ŧD.		lest of your ability to use and care for firearms as approved by this law		—
	enforcement agency? (If yes, attach proof of o	completion)	UNO.	⊔ YES
1				
11,	Have you fied from any state to avoid prosecut	tion for a crime or to avoid giving testimony in any criminal proceedings?,	□ NO	☐ YES
HEAL	SED NO			

FIREARMS PERMITS 7416.9931

C.

12. Are you a peace officer? If yes, have you ever been informelly admitted to a treatment facility pursuant to Minnesota Statute 2:						
chemical dependency? If yes, attach certificate from head of the facility discharging or provisionally discharging you from the	.□NO □YES					
13. Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally iti". "r	nentally					
retarded, or "mentally ill and dangerous to the public" person as defined in Minnesota Statute § 2531 if yes, attach proof you are no longer suffering from this disability.						
 Have you been confined in a treatment facility as a "mentally lif", mentally retarded", or "mentally lif" a upout/it" press on self-ered in Minnesota Statute § 253B 02 or been found incompetent to stand the reason of mental lifess? 						
15. Have you ever been discharged from the armed forces of the United States under dishonorable cond	Ikions?. 🗆 NO 🗆 YES					
16. Have you ever ranounced your citizenship having been a citizen of the United States?	. UNO LIYES					
17. am (chock one) American Citizen	Alien (Attach copy of documentation					
I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	S CORRECT UPON PENALTY OF					
SIGNATURE OF APPLICANT:	DATE:					
RESTRICTIONS						
The following reatrictions apply to the possession of firearms, to transferee permits and replamtatomatic military-style assault weapons, and permits to carry flandgums.	orts of transfer for handguns an					
Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault at least 21 years old to acquire handguns from licensed dealers.	weapons, but under tederal law must b					
Blust not have been convicted of a crime of violence (as defined in Munesota Statutes § 624 712, su unless 10 years have elapsed since your civil rights have been restored or your sentence has expired, convicted of any other crime of violence.	abdivision 5) in Minnesots or elsewher and during that time you have not bee					
 Must not have been convicted of (fith-degree assault as defined in Minnesota Stabiles § 609 224 in Minne (1) within 3 years of a previous assault conviction under Minnesota Stabiles § 609 221 to 609 224; or (2) household member, unless 3 years have slapsed airce the date of conviction and during that time you his degree assault. 	sota or elsowhere since August 1, 1992 where the assaut victim was a family o see not been convicted of any other triff					
 Must not have been judicially committed to a treatment facility in Mannesota or elsewhere as "mentally dangerous to the public." 	si, mentally retarded, or mentally ill an					
 Must not have been either convicted in Minnesota or attember of untainful use bossession or sale of a controlled substance (other man possession of a small smound of marganate), or hospitatives of controlled or teatment for the habitual use of a controlled substance or marganate. Judgment of the controlled or the controlled substance or marganate or the sale forcing proof. This by here not abused a controlled substance during the post term remediate or controlled substance. 						
 Must not have been confined or committed to a treatment facility in Minnesota or elawwhere 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 deper from the head of the treatment facility discharging or provisionally discharging you from that facility. 	ndency, unless you possess a certificat					
 Must not have been convicted in Minnesots or elsewhere of a crime punishable by imprisonment for more than a year (other than offenses pertailing to act they industries, under trade practices, estraints of trade, or elimits offense relating to the regulation of business practices; unless your ovir rights have been relationed or the conviction has been particular, expending or set asset; 						
Must not be fugitive from justice Must not be a user of any controlled substance as defined in Chapter 152 of Minnesota Statutas.						
Must not be an alien who is lilegally 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 chizenship.						
 Must not have been confined to a treatment facility in Minnesotis or etsewhere as mentally ill, mentally republic or journal incompetent to stand trial or not gulfry by reason or mantal tilness unless you psychiatrial licensed in Minnesotis, or other satisfactory proof that you no longer suffer from this disability. 	se a certificate from a medical doctor o					
The 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, eve of ability to use a linearm supervised by the chief of police, or sherff, or other satisfactory proof of ability to 	dence or successful completion of a les suse a pistol salely,					
 Must have an occupation or personal safety hazard requiring a permit to carry 	•					
REVISED MM						
RECEIPT						
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, possess or	carry firearms.					
· - · · · · · · · · · · · · · · · · · ·						

Statutory Authority: MS s 624.7151

History: 19 SR 1151

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
Address		<u> </u>	City
D.O.B.	Height	Hair Color	
Scars/Marks	Weight	Eye Color	
Issuing Authority	Signature	Signature of	f Permittee
Issuing Agency			ITHOUT OTHER MINNESOTA ID
The permit holder firearms dealers p 624.711 - 624.718	oursuant to Min	nnesota Statul	dguns from federal tes Sections
This Permit must he qualifying Minneso may be completed.			ee with other he sale of the pistol

Statutory Authority: MS s 624.7151

History: 18 SR 390

7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

MINNESOTA STATE PERMIT TO CARRY A HANDGUN

PHOTO		Control #				
		Address				
		City				
D.O.B.	Height	Hair Cokor				
Scars/Marks	Weight	Eye Color				
Signature of Per	mittee	Issuing Agency				
EXPIRES:		Issuing Authority Signature				
		HER OUALIFYING MINNESOTA ID				
carrying a handg	un under the a noted on the					
		Permit to Carry a Handgun ↓				
	andgun during	permittee identified hereon solely the following activities: Not or drugs.				
		and the second s				
*	,, <u>, , </u>					
that if he/she he pistol under Mir becomes null and	ereafter beco nesota Statut void and he/	ce of this Permit, the holder agrees mes prohibited from possessing a es Section 624.711, <u>this Permit</u> she shall return this Permit to the (5) days after becoming so				

History: 18 SR 390

Statutory Authority: MS s 624.7151