CHAPTER 7416 DEPARTMENT OF PUBLIC SAFETY FIREARMS PERMITS

7416.0100	APPLICATION FOR A HANDGUN		PERMIT OR REPORT OF TRANSFER FOR
	TRANSFEREE PERMIT.		FIREARMS.
7416.0200	PISTOL TRANSFEREE PERMIT.	7416.9931	MINNESOTA UNIFORM HANDGUN
7416.0300	REPORT OF TRANSFER OF A HANDGUN.		APPLICATION/RECEIPT CARRY PERMIT
7416.0400	APPLICATION FOR A PERMIT TO CARRY A		FOR HANDGUN IN PUBLIC PLACE.
	PISTOL.	7416.9940	MINNESOTA PERMIT TO ACQUIRE
7416.0500	PERMIT TO CARRY A PISTOL.		HANDGUNS FROM FEDERAL FIREARMS
7416.9911	MINNESOTA UNIFORM FIREARM		DEALERS.
	APPLICATION/RECEIPT TRANSFEREE	7416.9950	MINNESOTA PERMIT TO CARRY 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7416.9910 [Repealed, 19 SR 1151]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 MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT TRANSFEREE PERMIT OR REPORT OF TRANSFER FOR FIREARMS.

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MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT TRANSFERRE PERMIT OR REPORT OF TRANSFER FOR FIREARMS TRANSFERRE PERMIT OR REPORT OF TRANSFER FOR FIREARMS TRANSFERRE PERMIT OR REPORT OF TRANSFER REPORT OF								
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AES DENLIN AGENCED BY	PICTURE 16	SATE OF AGREEMENT TO	TAMESER	BOWATES OF DEATE	TREMEMBERATIVE			
1 677 (41)		◆ / DA	TA PRACTIC	ES ADVISORY		 -		
The Minnesote Data Preci	tices Act rem							
eligibility to possess a fires: You may refuse to provide being processed, informatic	rm endfor carr this informati on regarding " is. The inform gencies.	y a handgun. on; however shoul previous residence ation that you provi	id you refuse, t e addresses (pa ide will be used	he investigation os st 10 years)" is opt by the Scensing ap	and be comple	ted and will I	mformation to determine your result in your application not t will reduce the possibility of ation, and may be conveyed	
APPLICANT SIGNATURE:						DATE:		
	ALITH	DRIZATION FO	D DEI FARE	NE COMMITME	NT INFORM	ATION		
authorize the release of co- possess a firearm and/or completed and will result in I, (type or print your name). Services to disclose commit	nit to purchase mmitment info carry a handg your applicati itment informs	s a firearm, report matter maintained run, You may refu on not being proce	ing the transfer d by the Commi se to provide t asset.	of a firearm, or to saloner of Human in his authorization; f	or a permit to o Services which in however, should	zery a handç will be used i i you refuse, suthorize a handgun or	yun, you are being asked to to determine your eligibility to the investigation cannot be the Commissioner of Human semilautomatic military-syle of the purpose of conducting	
the background investigation	on required by	Minnesota Law.					or the purpose of conducting	
APPLICANT SIGNATURE:						DATE:		
NOTE: This consent is suit refence on it. If not previou							has already taken action in ant of this application.	
Contract of the	4	A	PPLICANT:	NFORMATION	7.7		 	
NAME (CAST, FARST, NAME), SQUERY, NAMES INVOLVE OF TRANSPORTS OF THE					DATE OF BATH		HOME PHONE NUMBER	
MADDI KAME EF APPLICABLE) OR (DINEH MAMES VO	U PALVE LIBED.					Í	
PRESENT RESIDENCE ADDRESS:			OTV:		OOUNTY:	STATE	. SP COOR	
NASE NEW P	EKANT.	WEIGHT.	EAS DOTON:	HAVE COLOR	UN DAVIERS LIGHT	HE OF IT HUMB	ea.	
DETENDUSTRING PHYSICAL CHARAC	TEASTICS (MCU	DING SCARS, MARKS, T	ATTOOR, ETC).	ــــــــــــــــــــــــــــــــــــــ	1			

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7416.9911 FIREARMS PERMITS

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STREET ADDRESS			СПУ	CITY COUNTY			ODE	
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1.	Have you been convicted of a crime of vi					n.,		
	either (1) been restored to your civil right: # ves, complete the following information:		rears ago or (2) your sentence	expired at least 10	rears agor	🗀 🕶	L 155	
	COMMICTION DATE(S):	Creditos)						
l	L							
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)							
	Have you been convicted after August 1,	1000 -1	a. b la ma Cha d	# Com con code		D.10	Dyes	
2	If yes, was the assault committed within t					LJ NU	LI YES	
	609.224 OR was the assault victim a fam	ily or househ	old member?			🗀 мо	☐ YES	
	If yes, complete the following information	:						
	CONVICTION (ATE(9)	CHIME(S).						
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)							
	The second secon							
					<i>-</i> -			
3.	Have you been convicted of a crime pur	nishable by it	nprisonment for a term excee	ager teev eno pribe	diess of what			
	punishment was actually imposed?					🗆 NO	☐ YES	
	If yes, complete the following information							
	CONNCTION (MTE(S)	CPIME (5)						
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)	J						
	,				}			
4.	Have you ever been pardoned for a crime	of violence			***************************************	🗆 NO	☐ YES	
l	# yes, complete the following information							
	PAROON DATE:	ORIGINA OH	vol:					
	LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY,	NATE						
					ŀ			
	Under the law of the jurisdiction where yo	NI WORKS COOK	icted has your conviction bee	n everyoned set esid				
	pardoned or have you had your civil right	s restored?			····	🗀 NO	☐ YES	
	(Attach a copy of documentation establis	hing that the	conviction has been expunge	d, set aside, or pardo	ned or that			
	you have had your civit rights restored.)							
5.	Have you ever been convicted for the	uniawful us	e. possession, or sale of a	controlled substance	e (other man			
	conviction for possession of small amour						YES	
	Are you an unlawful user of any controlle							
/.	Have you ever been hospitalized or come # yes, attach proof that you have not abu					W. UNO	LJYES	
			·	• .	•			
ð.	Have you ever been confined or committees defined in Minn. Stat. 253B.027						Πvec	
	If yes, have you completed treatment?							
L								

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C.

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g.	Have you find from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings?		
10.	Are you a peace officer? If yes, have you ever been informally admitted to a treatment lacility pursuant to Minnesota Statute 2538.04 for	□ NO	□ YES
	chemical dependency? If yes, attach certificate from head of the facility discharging or provisionally discharging you from the facility.	□ NO	[] YES
11.	Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally it", "mentally		
	retarded", or "mentally III 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.	□ NO	□ YES
12.	Have you been confined in a treatment facility as a "mentally ill", mentally interded", 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 liliness?	(I) NO	□ YES
13.	Here you ever been discharged from the armed forces of the United States under dishonorable conditions?	□ио	□ YES
14.	Have you ever renounced your citizenship having been a citizen of the United States?	□NO	YES
	I am (check one)		
	EREBY (AFFIRM) THAT ITHE INFORMATION (PROVIDED (ON THIS APPLICATION/RECEIPT IS CORRECT UPO MECUTION AND ON VOIDE OF ANY PERMIT ISSUED HERBUNDER.	N PENA	LTY OF
810	NATURE OF APPLICANT: DATE:		
7.7	RESTRICTIONS		
Ľ.	RESTRICTIONS **RESTRICTIONS or the possession of financial, to transferore permits and reports of transfer fi		
-	nlautometic military-style asseuti weepons, and permits to carry handgure.		
	Must be at least 18 years old to acquire or posses a handoun or a semiautomatic military-style assault weapons, but under at least 21 years old to acquire handguns from lipensed dealers.		
	 Must not have been convicted of a crime of violence (as defined in Minneacts Stantas § 524.712, subdivision 5) in Minneacts By 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. 	you have	not been
•	Must not have been convised of IRM-degree assett as defined in Mannesota Saluties § 000,224 in Minnesota or allegeneurs at (1) within 3 years of a previous assett conviction under Mannesota Saluties § 600,225 to 600,225; or C), where the assett with household member, unless 3 years have slapsed since the date of conviction and during that time you have not been conviction degree assett.	noe Augus ptim was s ad of any s	t 1, 1992: tamely or other fifth-
•	Must not have been judicially committed to a trestment facility in Minnesota or elsewhere as "mentally iii, mentally retarded dengerous to the public."	, or ment	ally II and
٠	Must not have been either corricted in Minnesota or absentance of unlawful use, possession or sale of a controlled set possession of a rendla recount of miniguras), or hospitalisation or committed for treatment for the absistation of a controlled subustication or committed or committed to the salest set of a controlled subustication or committed subustication or controlled subustication or	estance (c itance or r controlled	ther than harijuana, bubstance
•	Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemically dependent, unless treatment.	you have (completed
	Must not be a peace officer who has been informally admitted to a treatment facility for chemical dependency, unless you p from the head of the treatment facility discharging or provisionally discharging you from that facility.		
•	Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment for more than a year (pertaining to extituate violations, unfair trade practices, restraints of trade, or stritter offerese relating to the regulation of unless your old rights have been restored or the conviction has been pardone, quayinged, or set aside.	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 Minneauta Statutes. Must not be an alien who is Begally or unlawfully in the United Status.		
	Must not have discharged from the armed forces of the United States under dishonorable conditions.		
	Must not have renounced your United States offizenship.		
•	Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally retarded or mentally it the public or found incompetent in stand tell or not guilt by research of mental these unless you possess a certificate from psychiatrist isomesed in Minnesota, or other estatactory proof that you no longer suffer from this disability.	Il and dan a medical	doctor or
The	r following requirements, in addition to those stated above, also apply to permits to carry handguins:		
•	Next provide either a finantin safety certificate recognized by the Department of Nebural Resources, evidence of successful of ability to use a finantin supervised by the chief of police, or sherffl, or other satisfactory proof of ability to use a pustol safety.	completic	n of a test
	Must have an occupation or personal safety hazard requiring a permit to carry.		
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	<i>□</i>		
	RECEIPT, THE PARTY OF THE PARTY	المتعراض.	7 1 1
H	REBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:		
Sk	nature of person accepting application:		
Da	tà: Time:		
	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.

8			ESOTA UNIFO ARRY PERMIT		GUN IN PUBL		r	CHECK TYPE NEW RENEWAL
omitted perting prohibited from authority. The	ent informa n poseessi waiting per	tion, that person t ng a pistol under	may be subject to section 624.713 the date that this	criminal prosect, in which even	ution. The permit t the holder she	t to carry shall b Il return the per	e void at the time mit within five (5)	halfied this application, of that the holder become days to the application in 1" x 1" color head-and
F		1	DA	TA PRACTIC	ES ADVISOR	Y :		
As an applical private and/or eligibility to po You may refulbeing process.	nt for a per confidentle saces a fir se to provi sed. Inform	el data about your sarm and/or carry de this informatio ation regarding "p	fream, for reported which will be a handgur. n; however should revious residence.	rting the transfer used to check : id you refuse, the addresses (pas	r of a firearm, or oriminal histories, ne investigation o of 10 years)* is o	permit to carry a , arrest records, cannot be compliptional. However	and warrant infor eted and will rest , if provided, it wil	e being asked to provid mation to determine you It in your application no I reduce the possibility o
to other law e	ntorcemen	ords. The Informal Lagencies. DERSTAND THE			•	edeuch as couds	ese es ausesideix	in, and may be conveyed
SIGNATURE:	AND UN	PERSTARD THE	ABOVE DATA P	HACINES AD	VISURY.		DATE:	
		AUTHO	RIZATION FO	R RELEASE	OF COMMITM	ENT INFORM	IATION	
possess a fin completed an I, (type or prin Services to di assault weap	sam and/o d will result if your nam sclose com on under M	or carry a handgu in your application o) initiment informati	in, You may refu n not being proce on to the extent t \$524,713, subdiv	se to provide the	is authorization;	however, shoul	authorize the a handgun or see	cermine your eligibility to investigation cannot be Commissioner of Huma wlautomatic military-style se purpose of conducting
SIGNATURE:							DATE:	
NOTE: This o	onsent is a	subject to revocat	ion at any time e	xcept to the ext	ent that the Com	missioner of Hu	man Services ha	s already taken action is of this application.
have wast, First	MIDDLE, JAV					DATE OF BURTH.		HOME PHONE NUMBER
PRESENT RESIDEN	CE ADDRESS			aw:		COURTY:	STATE	SP 0008.
wa	NEx.	HEIGHT:	WEIGHT.	EYE COLOR	HAM COLOR	in thirties od	HOSE OR ID HUMBER	L
		PATION OF PERSONAL			DF A HAMDOUR			
								
	670	EET ADDRESS	PREVIO		CE (PAST 10 YE	COUNT	Y STATE	79.0000
	5/HI	EET ADDRESS			uli t	COUNT	SIATE	ZIP CODE
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B.

1.	either (1) been restored to your civil rights at least 10 year if yea, complete the following information:	od in Minn. Stat. 624.712 in Minnesota or elsewhere end not rs ago or (2) your sentence expired at least 10 years ago?	□no	☐ YES
	COMMICTION DATE(S): CRAME(S)			
	LOCATION OF CONNECTION (CITY, COUNTY, STATE):			
2.	. Have you been convicted after August 1, 1992, of assault if yes, was the assault committed within three years of a g		□NO	□ YES
	609.224 OR was the assault victim a family or household if yes, complete the following information:		□ NO	YES
	CONNECTION DATE(S)			
	LOCATION OF CONNECTION (CITY, COUNTY, STATE).			
3.	Have you been convicted of a crime punishable by Impri punishment was actually imposing. If yes, complete the following information:	isonment for a term exceeding one year regardless of what	.□мо	□ YES
	CONVICTION DATE(8). CRIME(8)			
	LOCATION OF DOMAGNON (CITY, COUNTY, STATE):			
4.	Have you ever been pardoned for a crime of violence? . If yes, complete the following information: [PARGON DATE: CHIGHING CHARGE:		□no	YES
	LOCATION OF DAKSINAL CONVICTION (CITY, COUNTY, STATE)			
	Under the law of the jurisdiction where you were convicted pardoned or have you had your civil rights restored? (Attach a copy of documentation establishing that the con you have had your civil rights restored.)	d, has your conviction been expunged, set aside or viviction has been expunged, set aside, or pardoned or that	. 🗆 no	PES
5.	Have you ever been convicted for the unlawful use, p conviction for possession of small amount of Marijuans as	possession, or sale of a controlled aubstance (other than a defined in Minn. Stat. 152.01, subd. 18)?	□no	□ YES
6.	. Are you an unlawful user of any controlled substance as o	defined in Chapter 152, Minnesota Statutes?	□мо	□ ves
7.	. Have you ever been hospitalized or committed for treatmet yes, attach proof that you have not abused a controlled	ent for the habitual use of a controlled substance or marijuana substance or marijuana during the previous two years.	7. 🗆 NO	YES
8.	Have you ever been confined or committed to a treatment as defined in Minn. Stat. 2538 02?	I facility in Minnesota or elsewhere as "chemically dependent"	. 🗆 NO	TYES
	If yes, have you completed treatment?		□ N O	YES
9.	. Do you hold a firearms safety certificate? (If yes, attach o	copy thereof)	. 🗆 no	□ YES
10.	. Have you satisfactorily completed a practical test of your enforcement agency? (If yes, attach proof of completion)	ability to use and care for firearms as approved by this law	□no	☐ YES
11.	Have you fied from any state to avoid prosecution for a cr	fine or to avoid giving testimony in any criminal proceedings?	□ NO	☐ YES

7416.9931 FIREARMS PERMITS

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12.	Are you a peace officer? PYES If yes, have you ever been informally admitted to a treatment facility pursuant to Minnescta Statute 2538.04 for
	chemical dependency?
	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 "mentably ii", "mentally retarded", or "mentally iii and dangerous to the public" person as defined in Minnesota Statute § 2538.027
	If yes, ettach proof you are no longer suffering from this disability.
14.	Have you been confined in a treatment facility as a "mentally lift", mentally retarded", or "mentally it and dangerous to the public" person as defined in Minnescots Status § 2538.02 or been found incompetent to stand trial or not guilty by nesson of mental librars?
	Have you ever been discharged from the ermed forces of the United States under disconorable conditions? NO CYES
	Have you ever renounced your obtaenship having been a obtaen of the United States?
	• • • • • • • • • • • • • • • • • • • •
PA	EBERY AFFIRM THAT THE (RITORIMATION PROVIDED ON THIS APPLICATION RECEIPT IS CORRECT UPON PRIVALTY OF SECUTION AND/OR YOUDING OF ANY PERMIT ISSUED HEREUNDER.
SIG	NATURE OF APPLICANT: DATE:
10	RESTRICTIONS 100 PM
	s following restrictions apply to the possession of finarms, to transferse permits and reports of transfer for handgums and abunomatic military-style assault reapons, and permits to carry handgums.
	Must be at least 18 years old to acquire or possess a handgun or a semisutornatic military-style assault weapons, but under federal law must be
	at least 21 years obt to acquire handigura from toxessed dealers. Must not have been convicted of a crime of violence (as defined in Minnasota Statutes § 624.712, autobrision 5) in Minnasota or elsewhere unless 10 years have elapsed since your old lights have been related or your sentence has express, and during that time you have not been
	convicted of any other crime of violence.
	Must not have been convicted of iffn-degree seasoff as defined in Minnesota Situates § 609.224 in Minnesota or elevenhers since August 1, 1982, (i) within 3 years of a previous seasoff conviction under Minnesota Situates § 609.221 to 609.224; or (2) where the assemblir freemen as family or household member, unless 3 years here elepted since the date of conviction and during that time you have not been convicted of any other little-degree assemblir.
•	Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally III, mentally retarded, or mentally III and dangerous to the public."
•	Must not have been either convicted in Minnesota or elsewhere of unlawful use, possession or sale of a controlled substance (other than possession of a small amount of marijuane), or hospitalized or committed for treatment for the habitual use of a controlled substance or marijuane,
	unless you possess a certificate from a medical doctor or psychiatrics, or other satisfactory proof, that you have not abused a controlled substance during the past two years,
٠	Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemically dependent, unless you have completed treatment
٠	Must not be a peace officer who has been informally educated to a treatment faculty for chemical dependency, unless you possess a certificate from the head of the treatment facility discharging or provisionally discharging you from that facility.
	Must not have been convicted in Ministration or elsewhere of a crime pushtable by imprisonment for more than a year (other than offences) pretaining to amount offences making to the regulation of business practices) unless your ordingtos have been restored or the conviction has been patrioned, expunged, or set saids.
	Must not be highly from justice. Must not be a user of any contailed substance as defined in Chapter 152 of Minnesota Statistics.
	Must not be an alien who is liegady or unlawfully in the Unded States.
	Must not have discharged from the armed forces of the United States under dishonorable conditions.
	Must not have renounced your United States citizenship. Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally retarded or mentally ill and dangerous to
	the public or found incompetent to stand trial or not guilty by reason of mental lineau unless you possess a certificate from a medical doctor or psychiatrist isosped in Minnesota, or other satisfactory proof that you no longer suffer from this disability,
	s following requirements, in addition to those stated above, also apply to permits to carry handgams:
	Must provide either a finearms safety certificate recognized by the Department of Natural Resources, endence of successful completion of a test of ability to use a linearm supervised by the chief of police, or sheriff, or other estisfactory proof of ability to use a pistol safety.
_	Must have an occupation or personal safety hazard requiring a permit to carry.
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HE	REBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:
Sk	neaure of person accepting application:
()a	ts:
	This receipt does not constitute a permit to acquire, possess or carry firearms.

Statutory Authority: MS s 624.7151

History: 19 SR 1151

7416.9940 MINNESOTA PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS.

MINNESOTA STATE PERMIT TO ACQUIRE HANDGUNS FROM FEDERAL FIREARMS DEALERS

	A Service Control of the Control of	
D.O.B.	Height	Hair Color
Scars/Marks	Weight	Eye Color
Tesuing Agency		NOT VALID WITHOUT OTHER
Issuing Agency		NOT VALID WITHOUT OTHER QUALIFYING MINNESOTA ID
firearms deale	rs pursuant to M	to acquire handguns from federal innesota Statutes Sections IRES:
		by the permittee with other ation before the sale of the pistol

Statutory Authority: MS s 624.7151

History: 18 SR 390

may be completed.

7416.9950 FIREARMS PERMITS

7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

MINNESOTA STATE PERMIT TO CARRY A HANDGUN

DUOTIO.		Control #					
РНОТО	Name <u></u>	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:	Market Committee	uing Authority Signature					
		FYING MINNESOTA ID					
This Permit must be in carrying a handgun und the restrictions noted	n the possession der the authority d on the reverse	of the permittee when granted hereon and within					
for carrying a handgurvalid when consuming a	n during the foll alcohol or drugs.	-					
		Andrew Control of the					
that if he/she hereaft pistol under Minnesota	ter becomes prohi a Statutes Sectio and he/she shall	s Permit, the holder agrees bited from possessing a on 624.711, this Permit return this Permit to the safter becoming so					

Statutory Authority: MS s 624.7151

History: 18 SR 390