

CHAPTER 7416
DEPARTMENT OF PUBLIC SAFETY
FIREARMS PERMITS

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7416.9910 [Repealed, 19 SR 1151]

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7416.9911 FIREARMS PERMITS

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

A.



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

TRANSFEREE PERMIT REPORT OF TRANSFER

(TYPE OR PRINT ONLY)

CHECK TYPE
<input type="checkbox"/> NEW
<input type="checkbox"/> 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 624.713, in which event the holder shall return the permit within five (5) days to the issuing authority. The waiting period for reports of transfer will begin on the date of the delivery of this application to the chief of police or sheriff.

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 INFORMATION			
DEALER NAME (BUSINESS NAME)	FF LICENSE NUMBER		
DEALER STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
APPLICANT'S IDENTITY VERIFIED BY PHOTO ID <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF AGREEMENT TO TRANSFER	SIGNATURE OF DEALER REPRESENTATIVE	

DATA PRACTICES ADVISORY
<p>The Minnesota Data Practices Act requires that you be advised of the following information:</p> <p>As an applicant for a permit to purchase a firearm, for reporting the transfer of a firearm, 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 to determine your eligibility to possess a firearm and/or carry a handgun.</p> <p>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.</p> <p>I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.</p>
APPLICANT SIGNATURE: _____
DATE: _____

AUTHORIZATION FOR RELEASE OF COMMITMENT INFORMATION
<p>As an applicant for a permit to purchase a firearm, reporting the transfer of a firearm, or for a permit to carry a handgun, you are being asked to authorize the release of commitment information maintained by the Commissioner of Human Services which will be used to determine your eligibility to possess a firearm and/or carry a handgun. You may refuse to provide this authorization; however, should you refuse, the investigation cannot be completed and will result in your application not being processed.</p> <p>I, (type or print your name) _____ authorize the Commissioner of Human Services to disclose commitment information to the extent the information relates to my eligibility to possess a handgun or semiautomatic military-style assault weapon under Minnesota Statute §624.713, subdivision 1 to the local police authority reviewing this application for the purpose of conducting the background investigation required by Minnesota Law.</p>
APPLICANT SIGNATURE: _____
DATE: _____
<p>NOTE: This consent is subject to revocation at any time except to the extent that the Commissioner of Human Services has already taken action in reliance on it. If not previously revoked, this authorization will terminate upon notification to the applicant of the denial or grant of this application.</p>

APPLICANT INFORMATION						
NAME (LAST, FIRST, MIDDLE, INITIAL)				DATE OF BIRTH:		HOME PHONE NUMBER
MIDNIGHT NAME (IF APPLICABLE) OR OTHER NAMES YOU HAVE USED:						
PRESENT RESIDENCE ADDRESS:			CITY:	COUNTY:	STATE:	ZIP CODE:
RACE:	SEX:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	MIN DRIVERS LICENSE OR ID NUMBER:
DISTINGUISHING PHYSICAL CHARACTERISTICS (SCARS, MARKS, TATTOOS, ETC)						

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B.

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

1. 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? NO YES
If yes, complete the following information:

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

2. Have you been convicted after August 1, 1992, of assault in the fifth degree under Minn. Stat. 609.2247 NO YES
 If yes, was the assault committed within three years of a previous assault conviction under Minn. Stat. 609.224 or 609.224 OR was the assault victim a family or household member? NO YES
If yes, complete the following information:

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

3. Have you been convicted of a crime punishable by imprisonment for a term exceeding one year regardless of what punishment was actually imposed? NO YES
If yes, complete the following information:

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

4. Have you ever been pardoned for a crime of violence? NO YES
If yes, complete the following information:

PARDON DATE	ORIGINAL CHARGE
LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, STATE)	

Under the law of the jurisdiction where you were convicted, has your conviction been expunged, set aside or pardoned or have you had your civil rights restored? NO YES
 (Attach a copy of documentation establishing that the conviction has been expunged, set aside, or pardoned or that you have had your civil rights restored.)

5. Have you ever been convicted for the unlawful use, possession, or sale of a controlled substance (other than conviction for possession of small amount of Marijuana as defined in Minn. Stat. 152.01 subd. 16)? NO YES

6. Are you an unlawful user of any controlled substance as defined in Chapter 152, Minnesota Statutes? NO YES

7. Have you ever been hospitalized or committed for treatment for the habitual use of a controlled substance or marijuana? NO YES
 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" as defined in Minn. Stat. 253B.02? NO YES
 If yes, have you completed treatment? NO YES

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C.

9. Have you fled from any steps to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings?..... <input type="checkbox"/> NO <input type="checkbox"/> YES	
10. Are you a peace officer? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute 253B.04 for chemical dependency? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, attach certificate from head of the facility discharging or provisionally discharging you from the facility.	
11. Have you ever been 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 Minnesota Statute § 253B.02? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, attach proof you are no longer suffering from this disability.	
12. Have you been confined in a treatment facility as a "mentally ill", "mentally retarded", or "mentally ill and dangerous to the public" person as defined in Minnesota Statute § 253B.02 or been found incompetent to stand trial or not guilty by reason of mental illness? <input type="checkbox"/> NO <input type="checkbox"/> YES	
13. Have you ever been discharged from the armed forces of the United States under dishonorable conditions? <input type="checkbox"/> NO <input type="checkbox"/> YES	
14. Have you ever renounced your citizenship having been a citizen of the United States? <input type="checkbox"/> NO <input type="checkbox"/> YES	
15. I am (check one) <input type="checkbox"/> American Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> 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: _____

RESTRICTIONS
The following restrictions apply to the possession of firearms, to transfers permits and reports of transfer for handguns and semiautomatic military-style assault weapons, and permits to carry handguns.
<ul style="list-style-type: none"> • Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault weapons, but under federal law must be at least 21 years old to acquire handguns from licensed dealers. • Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 624.712, subdivision 5) 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 Minnesota Statutes § 609.224 in Minnesota or elsewhere since August 1, 1992 (1) within 3 years of a previous assault conviction under Minnesota Statutes § 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 judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill, mentally retarded, or mentally ill 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 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. • Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment for more than a year (other than offenses pertaining to antitrust violations, unfair trade practices, restraints of trade, or similar offenses relating to the regulation of business practices) unless your civil rights have been restored or the conviction has been pardoned, expunged, or set aside. • Must not be fugitive from justice. • Must not be a user of any controlled substance as defined in Chapter 152 of Minnesota Statutes. • Must not be an alien who is illegally or unlawfully in the United States. • Must not have discharged from the armed forces of the United States under dishonorable conditions. • Must not have renounced your United States citizenship. • Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally ill, mentally retarded or mentally ill and dangerous to the public or found incompetent to stand trial or not guilty by reason of mental illness unless you possess a certificate from a medical doctor or psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability.
The following requirements, in addition to those stated above, also apply to permits to carry handguns:
<ul style="list-style-type: none"> • 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 patrol safely. • Must have an occupation or personal safety hazard requiring a permit to carry.

REVISED 8/04

CUT HERE

RECEIPT
I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:
Signature of person accepting application: _____
Date: _____ Time: _____
<i>This receipt does not constitute a permit to acquire, possess or carry firearms.</i>

Statutory Authority: *MS s 624.7151*
History: *19 SR 1151*

7416.9920 [Repealed, 19 SR 1151]

7416.9930 [Repealed, 19 SR 1151]

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FIREARMS PERMITS 7416.9931

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 PRINT ONLY)

CHECK TYPE	
<input type="checkbox"/> NEW	
<input type="checkbox"/> 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 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 (5) 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.

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 firearm, for reporting the transfer of a firearm, 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 to determine your eligibility to possess a firearm 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:
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AUTHORIZATION FOR RELEASE OF COMMITMENT INFORMATION

As an applicant for a permit to purchase a firearm, reporting the transfer of a firearm, or for a permit to carry a handgun, you are being asked to authorize the release of commitment information maintained by the Commissioner of Human Services which will be used to determine your eligibility to possess a firearm and/or carry a handgun. You may refuse to provide this authorization; however, should you refuse, the investigation cannot be completed and will result in your application not being processed.
 I, (type or print your name) _____, authorize the Commissioner of Human Services to disclose commitment information to the extent the information relates to my eligibility to possess a handgun or semiautomatic military-style assault weapon under Minnesota Statute §824.713, subdivision 1 to the local police authority reviewing this application for the purpose of conducting the background investigation required by Minnesota Law.

SIGNATURE:	DATE:
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NOTE: This consent is subject to revocation at any time except to the extent that the Commissioner of Human Services has already taken action in reliance on it. If not previously revoked, this authorization will terminate upon notification to the applicant of the denial or grant of this application.

NAME (LAST, FIRST, MIDDLE, INITIAL)		DATE OF BIRTH		HOME PHONE NUMBER	
MAIDEN NAME (IF APPLICABLE) OR OTHER NAMES YOU HAVE USED					
PRESENT RESIDENCE ADDRESS			CITY	COUNTY	STATE: ZIP CODE
RACE	SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
MAY DRIVERS LICENSE OR ID NUMBER					
DISTINGUISHING PHYSICAL CHARACTERISTICS (INCLUDING SCARS, MARKS, TATTOOS, ETC.)					
NATURE OF EMPLOYMENT, OCCUPATION OR PERSONAL SAFETY HAZARD REQUIRING CARRYING OF A HANDGUN					
PREVIOUS RESIDENCE (PAST 10 YEARS)					
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE

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CONTINUED ON REVERSE SIDE

MINNESOTA RULES 2005

B.

1. 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? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, complete the following information:	
CONVICTION DATE(S):	CRIME(S):
LOCATION OF CONVICTION (CITY, COUNTY, STATE):	
2. Have you been convicted after August 1, 1992, of assault in the fifth degree under Minn. Stat. 609.224? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, complete the following information:	
CONVICTION DATE(S):	CRIME(S):
LOCATION OF CONVICTION (CITY, COUNTY, STATE):	
3. Have you been convicted of a crime punishable by imprisonment for a term exceeding one year regardless of what punishment was actually imposed? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, complete the following information:	
CONVICTION DATE(S):	CRIME(S):
LOCATION OF CONVICTION (CITY, COUNTY, STATE):	
4. Have you ever been pardoned for a crime of violence? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, complete the following information:	
PARDON DATE:	ORIGINAL CHARGE:
LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, STATE):	
Under the law of the jurisdiction where you were convicted, has your conviction been expunged, set aside or pardoned or have you had your civil rights restored? <input type="checkbox"/> NO <input type="checkbox"/> YES (Attach a copy of documentation establishing that the conviction has been expunged, set aside, or pardoned or that you have had your civil rights restored.)	
5. Have you ever been convicted for the unlawful use, possession, or sale of a controlled substance (other than conviction for possession of small amount of Marijuana as defined in Minn. Stat. 152.01, subd. 18)? <input type="checkbox"/> NO <input type="checkbox"/> YES	
6. Are you an unlawful user of any controlled substance as defined in Chapter 152, Minnesota Statutes? <input type="checkbox"/> NO <input type="checkbox"/> YES	
7. Have you ever been hospitalized or committed for treatment for the habitual use of a controlled substance or marijuana? <input type="checkbox"/> NO <input type="checkbox"/> YES 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" as defined in Minn. Stat. 253B.02? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, have you completed treatment? <input type="checkbox"/> NO <input type="checkbox"/> YES	
9. Do you hold a firearms safety certificate? (If yes, attach copy thereof) <input type="checkbox"/> NO <input type="checkbox"/> YES	
10. Have you satisfactorily completed a practical test of your ability to use and care for firearms as approved by this law enforcement agency? (If yes, attach proof of completion) <input type="checkbox"/> NO <input type="checkbox"/> YES	
11. Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings? ... <input type="checkbox"/> NO <input type="checkbox"/> YES	

REVISED 8/94

MINNESOTA RULES 2005

7416.9940 FIREARMS PERMITS

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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 _____ 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 PERMITS 7416.9950

7416.9950 MINNESOTA PERMIT TO CARRY 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: _____

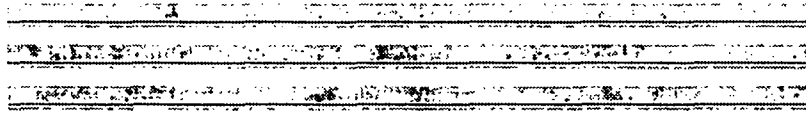
Issuing Authority Signature _____

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*