CHAPTER 7416 DEPARTMENT OF PUBLIC SAFETY FIREARMS PERMITS

7416.0100 APPLICATION FOR A HANDGUN 7416.9931 MINNESOTA UNIFORM HANDGUN TRANSFEREE PERMIT.
PISTOL TRANSFEREE PERMIT.
REPORT OF TRANSFER OF A HANDGUN.
APPLICATION FOR A PERMIT TO CARRY A APPLICATION/RECEIPT CARRY PERMIT 7416.0200 FOR HANDGUN IN PUBLIC PLACE. 7416.0300 MINNESOTA PERMIT TO ACQUIRE 7416,9940 7416.0400 HANDGUNS FROM FEDERAL FIREARMS PISTOL PERMIT TO CARRY A PISTOL DEALERS. 7416.0500 MINNESOTA UNIFORM FIREARM 7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN. 7416.9911 APPLICATION/RECEIPT TRANSFEREE PERMIT OR REPORT OF TRANSFER FOR

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

FIREARMS

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7416.9910 [Repealed, 19 SR 1151]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 TRANSFEREE PERMIT OR REPORT OF TRANSFER FOR FIREARMS TRANSFEREE PERMIT TOR REPORT OF TRANSFER FOR FIREARMS TRANSFEREE PERMIT REPORT OF TRANSFER TRANSFEREE PERMIT REPORT OF TRANSFER (TYPE OR PRINT ONLY) NOTICE TO APPLICANT: An incomplete application will be denied. In the event an applicant is found to have knowingly falsified this application, or omitted pertinent information, that person may be aubled to criminal prosecution. The transferse permit shall be void at the time that the holder becomes prohibited from postassing a pistol under section 624/173, is which event the holder halt return the perhits hith this (5) days to the issuing suthority. 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 faw enforcement agency having jurisdiction within three (3) days or it will not be considered. DEALER INFORMATION [Ff (CENTER MARKER)]								
DEALER STREET ADDRESS:		 -1	arv.		STATE	2F COOR:		
APPLICANTS IDENTITY VERIFIED BY PICTURE ID	DATE OF AGREEMENT TO	The Williams	EIGHATURE OF DEALE			<u> </u>		
YES NO	DATE OF AGREEMENT TO	, invested	BRUND ONE OF DEALER	HEMESCHIANVE.				
The Minnesota Data Practices Act			ES ADVISORY					
As an applicant for a permit to purchase a finarm, for reporting the transfer of a finarm, 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 finarm and/or carry a handgun. You may refuse to provide the 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) it applicates and will result in your application and or 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. HAVE READ AND UNIDERSTAND THE ABOVE DATA PRACTICES ADVISORY.								
APPLICANT SIGNATURE:					DATE:			
ALD	HORIZATION FOR	RELEASE	OF COMMITME	NT INFORM	ATION			
As an applicant for a permit to purci authorize the release of commitment possess a firearm and/or carry a ha completed and will result in your appli	nase a firearm, reports nformation maintained ndgun, You may refus	ng the transfer by the Commis se to provide the	of a firearm, or fi	or a permit to co	arry a handgun will be used to d	etermine your eligibility to		
I, (type or print your name)						Commissioner of Human		
Services to disclose commitment info assault weapon under Minnesota Sta the background investigation required	mation to the extent the tute §624.713, subdivi by Minnesote Law.	e information r sion 1 to the lo	elates to my eligib cal police authority	ility to possess a reviewing this	handgun or se application for t	miautomatic military-style he purpose of conducting		
APPLICANT SIGNATURE:					DATE:			
NOTE: This consent is subject to rev reliance on it. If not previously revoke	ocation at any time as d, this authorization wi	cept to the ext terminate upo	ent that the Comn n notification to the	applicant of the	nan Services ha denial or grant	s already taken action in of this application.		
		DDI ICANT I	FORMATION					
HAME (LAST, FIRST, SLODILE, JRYSR).		- FLICARI II	- COMATION	DATE OF BUILDING		HOME PHONE MUNBER		
MADEN NAME OF APPLICABLES OR OTHER NAMES	MADDINIMATE OF APPLICATED OF OTHER NAMES FOU MAY ELSED.							
PRESENT RESIDENCE ADDRESS COTY COUNTY: STATE ZIP CODE								
RACE: SEX HEIGHT	WEIGHT	EVE COLOR	HAUR COLOR	MN DAIVERS LICEN	SE OF ID NUMBER.	<u> </u>		
			1	i				
STREGUSTERED PHYSICIA CHARLOTERES COLONIA SCARS, WANKE, TAPLOCOS, E1G.								

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B.

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	STREET ADDRESS		CITY	COUNTY	STATE	ZIP CO	DE
					1-1-		
					 		
					+		
			<u> </u>				
1.	Have you been convicted of a crime of vi- either (1) been restored to your civil rights						YES
	if yes, complete the following information:		you'd ago or (2) your adman	oo onpriod at roads 10 j	dais ago		
	CONNETION DATE(S)	CRUME(6):					
	LOCATION OF COMMICTION (CITY, COUNTY, STATE)	L					
						O	
2.	Have you been convicted after August 1, if yes, was the assault committed within to					. 🗌 NO	□ YES
	609.224 OR was the assault victim a fami	ly or housel				🗀 NO	YES
	If yes, complete the following information:	TCHINE(S)					
	CONTROL DATE (S)	CAIDE(3)			ļ		
	LOCATION OF CONVICTION (CITY, DOUNTY, STATE)	٠					
	L						
3.	Have you been convicted of a crime pur	ishable by i	mpnsonment for a term exc	eeding one year regard	lless of what		C)
	punishment was actually imposed? If yes, complete the following information:			- •		UND	☐ YES
	CONNCTION BATE(S).	cameras —					
	LOCATION OF CONVICTION (CITY, COUNTY, STATE)	L					
	COSTON OF CONVENIENCE IN CONTINUES						
						_	_
4.	Have you ever been pardoned for a crime if yes, complete the following information:		? .			∴ NO	YES
	PARON DATE	рычител	Mal:				
							
	LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, B	ITATE).					
	Under the law of the jurisdiction where yo	u were conv	ricted, has your conviction be	en expunged, set aside			
	pardoned or have you had your civil right:	restored?	•			□ NO	YES
	(Attach a copy of documentation establish you have had your civil rights restored.)	ning that the	conviction has been expung	ed, set aside, or pardo	ned or that		
5.	Have you ever been convicted for the				(other than	_	_
_	conviction for possession of small amoun	•		•		. DNO	☐ YES
	Are you an unlawful user of any controlled		•				_
7.	Have you ever been hospitalized or commit yes, attach proof that you have not abuse					ž. ∟ NO	YES
8.	Have you ever been confined or committee	d to a treat	ment facility in Minnesota or (elsewhere as "chemica	ly dependent"	_	
	as defined in Minn. Stat. 253B 02? If yes, have you completed treatment?		-			ON	∐ YES

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7416.9911 FIREARMS PERMITS

C.

8.	Have you fied from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings? \square NO	□ YE\$
10.	Are you a peace officer?	TYES
	If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute 2538.04 for chemical dependency?	□ 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 iii", "mentally retarded", or "mentally II and dangerous to the public" person as defined in Minnesota Statute § 2538.02?	□YES
12	Have you been contined in a treatment facility as a "mentally II", mentally retarded", or "mentally III 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 litness?	□ YES
13.	Have you ever been discharged from the armed forces of the United States under dishonorable conditions?	□YES
14.	Have you ever renounced your chizenship having been a citizen of the United States?	□YES
	Tam (check one)	
l H PAI	EREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS CORRECT UPON PENAL OSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	LTY OF
810	INATURE OF APPLICANT: DATE:	i
_		
The	RESTRICTIONS In the possession of financial to the possession of financial to transferre permits and reports of transfer for handge	una and
341	misutomatic military-style asseuti waspons, and permits to carry handguns. Mutomatic military-style asseuti waspons, and permits to carry handguns. Must be at least 19 years old to acquire or possess a handgun or a semiautomatic military-style asseuti weapons, but under federal law	l l
	at least 21 years old to acquire handguns from licensed dealers.	
•	 Must not have been convicted of a crime of volence (as defined in Minnesota Statutes § 624.712, subdivision 5) in Minnesota or e unless 10 years have aliapsed since your civil rights have been restored or your sentence has expired, and during that time you have convicted of any other crime of violence. 	not been
•	• Must not have been convicted of Ifth-degree assets as defined in Minnesota Stabies § 509.224 in Minnesota relative stope August (1) within 3 years of a previous sesset) conviction under Minnesota Stabiers § 509.921 to 509.224; or (2) methe assets viction and busines \$ 509.821 to 509.224; or (2) methe assets viction in Minnesota Stabiers § 509.821 to 509.224; or (2) methe assets viction in Minnesota Stabiers § 509.824 in Minnesota Stabiers § 509.825 in Minnesota Stabier	11, 1992 lamily or other fifth-
•	• Must not have been judicially committed to a treatment facility in Minneaota or elsewhere as "mentally ill, mentally retaided, or mental dangerous to the public."	Jily &I and
•	• Must not have been either convicted in Mirresola or elsewhere of unlawful use, possession or sale of a controlled substance for possession of a serial amount of marginary), or hospitalised or committed for tearment for the habitable use of a controlled substance or mulest you possess a certificate from a medical doctor or psychilatrial, or other satisfactory proof, that you have not abused a controlled suring the past two years.	ther than sanjuana, ubstance
•	Must not have been confined or committed to a treatment facility in Minnesota or efsewhere as chemically dependent, unless you have o treatment.	ompleted
	 Must not be a peace officer who has been informally admitted to a treatment latisty for chemical dependency, unless you possess a from the head of the treatment facility discharging or provisionally discharging you from that facility. 	
	Must not have been convicted in Minnesots or elsewhere of a crime purishable by impracoment for more than a year (other than pertaining to anothers declared, under lated perceives, restricts to trace, or similar offenses relating to the regulation of business your civil rights have been restored or the conviction has been participal, or set salds.	offenses practices)
	 Must not be fugitive from justice Must not be a user of any contolled substance as defined in Chapter 152 of Minnasota Statutes. 	
	Must not be an alien who is illegally or unknotully 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 obtzenship. 	1
	Must not have been confined to a treatment facility in Minnesota or elsewhere as mentally III, mentally reterded or mentally III and dain the public or found incompetent to stand field or not guilty by reason or mental threes unless you possess a certificate from a medical psychiatric faceade in Minnesota or other setalizationy proof that you no longer suffer from this disability.	gerous to doctor or
ть.	psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability, a following requirements, in addition to those stated above, also apply to permits to carry handgures:	
•	Must provide either a firearms safety certificate recognized by the Department of Natural Resources, evidence of successful completion of pMs/ to use a fisearm supervised by the chief of police, or sheriff, or other safetactory proof of ability to use a partol safety. Must have an occupation or passional safety hazard requiring a permit to carry.	of a test
_	SED NO	
	CU NOT	
_	RECEIPT	
	RECEIPT	 :
H	EREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:	,
Sig	gnature of person accepting application:	
Da	ts:TIme:	
		- 1
	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

į	CHECK TYPE
	☐ NEW
	RENEWAL

(TYPE OR PRINT ONLY)

prohibited authority.	erlinent inform I from posses The waiting p	sation, that personaling a pistol und	n may be subject for section 624.7 on the date that t	t to criminal prose 713, in which eve	cution. The perm nt the holder shi	nit to carry shall be all return the pen	void at the time mit within five (atalied this application, or a that the holder becomes b) days to the application int 1" x 1" color head-and-
				DATA PRACTI	CES ADVISOI	RY		· · · · · · · · · · · · · · · · · · ·
As an ap	plicant for a p nd/or confider	ermit to purchase	a firearm, for re ourself which will	be advised of the porting the transfi be used to check	er of a firearm, or	r permit to carry a	handgun, you a and warrant info	re being asked to provide rmation to determine you
being pro error rega to other to	ocessed, Informating older many and an artist older many and order to the contract of the cont	mation regarding scords. The inform int agencies.	"previous reside nation that you p	nce addresses (pr ravide will be used	ist 10 years)" is o I by the licensing	optional, However	, if provided, it w	uit in your application no ill reduce the possibility o ion, and may be conveyed
SIGNATU		NDERSTAND TH	E ABOVE DATA	A PRACTICES AD	VISORY.		DATE:	
authorize possess	the release of	permit to purcha-	se a firearm, rep ormation maintei Igun, You may ri	porting the transfer ned by the Comm afuse to provide	r of a firearm, o	n Services which	carry a handgur	i, you are being asked to letermine your eligibility to e investigation cannot be
Services assault w	veapon under	mmilment inform	te §624.713, sub	division 1 to the I			a handgun or se	Commissioner of Human emiautomatic military-style the purpose of conducting
SIGNATU			,			-	DATE:	
								as already taken action in t of this application.
	FIRST, WIDOLE, J					DATE OF BIRTH.		HOME PHONE NUMBER
		OR OTHER HAMES Y	DU HAVE USED					
	SIDENCE ADDRES	19		atv		COUNTY.	STATE:	ZIP CODE
RACE	8Ex	HEKIHT:	WEIGHT;	EYE COLDA	HAMP COLOR	MH DRIVERS LICE	HSE OR IO NUMBER	
DETHIGUISH	INC PAYRICAL CO	MACTERISTICS (INC	ULDING SCARS, MAN	(S. TATTOOS, ETC)				
HATUME OF E	EMPLOYMENT/DO	CUPATION OR PERSO	MAL SAFÉTY HAZARO	REQUIR:NG CARRYING	OF A HANDGUN			
			PRE	VIOUS RESIDEN				
	ŞT	REET ADDRESS			CITY	COUNT	Y STATE	ZIP CODE
						 	-	<u> </u>
								
								
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7416.9931 FIREARMS PERMITS

B.

1		either (1) been restored to your civil rights if yes, complete the following information:		. 🗆 но	□ YES
1		CONVICTION DATE(S):	CRIME(S)		
		LOCATION OF CONNECTION (G-17, COUNTY, 814TE):			
2		If yes, was the assault committed within the	1992, of assault in the fifth degree under Minn. Stat. 609.2247		
		609.224 OR was the assault victim a tami If yes, complete the following information:	ly or household member?	⊔ №	⊔ YES
ł		CONNECTION DATE(8):	CALLE(S)		
		LOCATION OF COMMICTION (CITY, COUNTY, STATE):			
:			ishable by imprisonment for a term exceeding one year regardless of what		□ vee
ľ		punishment was actually imposed? If yes, complete the following information:		NO	₩ 1E3
ŀ			CSuar(a)		
		LOCATION OF CONVICTION (CITY, COUNTY, STATE)			
		If yes, complete the following information:		. 🗆 но	□ yes
		PARIDON DATE:	ONIGHAL GAMOE		
		LOCATION OF DRIGHAL CONNEY ON (CITY, COUNTY, 8	IATE).		
		pardoned or have you had your civil rights	u were convicted, has your conviction been expunged, set aside or restored?	🗆 NO	YES
	5.	Have you ever been convicted for the	unlawful use, possession, or sale of a controlled substance (other than of Marijuana as defined in Minn, Stat. 152.01, subd. 16)?	Пио	□ves
•	В.	Are you an unlawful user of any controlled	substance as defined in Chapter 152, Minnesota Statutes?	. 🗆 NO	☐ YES
7			hitled for treatment for the habitual use of a controlled substance or marijuana? and a controlled substance or marijuana during the previous two years.	. □ но	YES
		as defined in Minn. Stat. 253B.027	d to a treatment facility in Minnesota or elsewhere as "chemically dependent"		
		If yes, have you completed treatment?		🗀 NO	YES
,	9.	Do you hold a firearms safety certificate?	(if yes, attach copy thereof)	. 🗆 но	YES
10			ical test of your ability to use and care for firearms as approved by this law of completion)	. 🗆 но	YES
11	١.	Have you fled from any state to avoid pro-	secution for a crime or to avoid giving testimony in any criminal proceedings?, .	Ои	YES
-	vis	ED 894			

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FIREARMS PERMITS 7416.9931

C.

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12	Are you a peace officer?	□ NO [∐YES
	If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statute 2538.04 for chemical dependency?	□ NO :	TYES
ı	If yes, strach 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 A", "mentally		
	relarded", 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
14	Have you been confined in a treatment facility as a "mentally iif", mentally retarded", or "mentally iil 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?	Пио€	m.ven
1	reason of mental liness /		
1	Have you ever been discharged from the armed forces of the United States under dishonorable conditions?.	□ NO :	
15.	Have you ever renounced your citizenship having been a citizen of the United States?	□ NO [⊥i ves
	1 am (chock one)		
PA	IEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS CORRECT UPO OSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	N PENAL	TY OF
90	SHATURE OF APPLICANT: DATE:		
_	RESTRICTIONS		
п	e following restrictions apply to the possession of firearms, to transferse permits and reports of transfer f	or handgu	ns and
94	misutomatic military-style assault weapons, and permits to carry handguns.		
	 Must be at least 18 years old to acquire or possess a handgun or a semiautxnutic military-style assault weapons, but under at least 21 years old to acquire handguns from lossed dealers 	HO-CORY EL 1-E-W	musi de
	 Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 624.712, subdivision 5) in Minn unless 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 ea	sewhere tol been
	 Must not have been convicted of lifth degree assets as defined in threested Statutes § 509.22 in Minneactes or elegenter at (1) within 3 years of a previous assets devoted under kinneacted Statutes § 509.22 to 509.22 for (2) where the assets in household member, unless 3 years have alapsed since the date of conviction and during that time you have not been convict degree assets. 	nce August Icom was a f ed of any oc	1, 1992. family or her ldth-
	Must not have been judicially committed to a treatment facility in Minnesola or elsewhere as "mentally al, mentally retarded dangerous to the public."	J, or mental	y all and
	Must not have been either convicted in Minnesota or elsewhere of un'awful use, possession or sale of a controlled suppossession of a small amount of manjusna), or hospitalized or committed for treatment for the habitual use of a controlled sub-	bstance (ol) stance or me	her shan anguana,
	unless you possess a certificate from a madical doctor or psychatrist, or other satisfactory proof. That you have not abused a during the past two years. • Must not have been confined or computed to a treatment facility in Minnesotts or elsewhere as chemically dependent, unless		
	tealment.		
	 Must not be a peace officer who has been informally admitted to a treatment facility for chemical cependency, unless you into the head of the treatment facility discharging or provisionally discharging you from that facility. 		
	 Must not have been convicted in Manescota or elsewhere of a crime punkhable by imprisonment for more than a year i pertaining to antitract violations, unfait trade practices, restraints of trade, or dimiter offeraces relating to the regulation of unless your overlights have been restored or the conviction has been participed, expunged, or satisfied. 	other than o business p	offenses ract-ces)
	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 a user of any complete substance as defined in Chapter 152 of Minhesota Statuses. Must not be an allen who is Elegally 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 absentiore as mentally it, mentally retarded or mentally the public or found incompetent to stand trial or not guilty by reason of mental lineas unless you posses a certificate from psychiabits licensed in Minnesota, or other satisfactory prior that you no longer suffer from this disability. 	il and dang a medical d	erous to loctor or
n	e following requirements, in addition to those stated above, also apply to permits to carry handgures:		
	 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 police, or sheriff, or other satisfactory proof of ability to use a pistol safety 	completion	of a test
Ц.	Must have an occupation or personal safety hazard requiring a permit to carry. SED ANN		
-			
	= (UT HERE		
Ľ	RECEIPT		
гн	EREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:		
s	gnature of person accepting application:		
D	ate: 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		City
D.O.B.	Height	Hair Color
Scars/Marks	Weight	Eye Color
Issuing Authority Sig		gnature of Permittee T VALID WITHOUT OTHER
	NO	ת עאנדה שנהטרוות רתטפס
Issuing Agency		ALIFYING MINNESOTA ID
	suant to Minneso	quire handguns from federal ota Statutes Sections
		e permittee with other before the sale of the pisto

Statutory Authority: MS s 624.7151

History: 18 SR 390

may be completed.

7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

MINNESOTA STATE PERMIT TO CARRY A HANDGUN

		Control #				
PHOTO	Name_	Name				
		Sex				
	Addre	ess				
						
D.O.B.	Height	Hair Color				
Scars/Marks	Weight	Eye Color				
						
Signature of Permitte	e Iss	suing Agency				
EXPIRES:	7,112,134					
		Suing Authority Signature				
NOT VALID WI	THOUT OTHER QUAL	FYING MINNESOTA ID				
	der the authority	of the permittee when granted hereon and within side.				
		o Carry a Handgun ↓				
This Permit is grante for carrying a handgu valid when consuming	n during the fol:	ee identified hereon solely lowing activities: <u>Not</u>				
As a condition for th that if he/she hereaf pistol under Minnesot	e issuance of the ter becomes prohe a Statutes Section and he/she shall	is Permit, the holder agrees ibited from possessing a on 624.711, <u>this Permit</u> l return this Permit to the				

Statutory Authority: MS s 624.7151

History: 18 SR 390