CHAPTER 7416 DEPARTMENT OF PUBLIC SAFETY FIREARMS PERMITS

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7416.9910 [Repealed, 19 SR 1151]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

A.

TRA	MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT TRANSFEREE PERMIT OR REPORT OF TRANSFER FOR FIREARMS TRANSFEREE PERMIT REPORT OF TRANSFER						CHECK TYPE NEW RENEWAL
	σ	YPE OR P	RINT ONLY)				HENEWAL
NOTICE TO APPLICANT: An incomposition of the periment information, that periment problems problems problems from possessing authority. The waiting period for report NOTICE TO LICENSED DEALER: To completed in addition to the applicant days or it will not be considered.	elete application will be de rson may be subject to a pistol under section 624 s of transfer will begin on his form must be complet	enied. In the criminal pros 1.713, in whic the date of the	event an applica secution. The trai th event the holde ne delivery of this rety or it will be o	nsferee permit or shall return the application to the denied. The sec	shall be ne perm he chief	e void at it within fi of police	the time that the holder ive (5) days to the issuing or sheriff.
	DE	ALER INF	ORMATION		100	J. J. C. C.	
DEALERS NAME (BUSINESS NAME):					FF LICE	NSE NUMB	ER:
DEALER STREET ADDRESS:			CITY:		STATE		ZIP COD€:
					John L.		III GOOL.
APPLICANT'S IDENTITY VERIFIED BY PICTURE ID. YES NO	DATE OF AGREEMENT TO TR	ANSFER:	SIGNATURE OF DEALE	R REPRESENTATIVE	E: -		
	DATA	PRACTIC	ES ADVISORY	1	. 184	10000	
The Minnesota Data Practices Act an applicant for a permit to purcha	equires that you be adv	ised of the f	ollowing informa	ation:			
You may refuse to provide this inforr being processed. Information regarding error regarding older records. The info to other law enforcement agencies. I HAVE READ AND UNDERSTAND	ng "previous residence ad ormation that you provide	dresses (pas will be used I	t 10 years)" is opt by the licensing a	tional However	if prov	w ti hahi	ill reduce the possibility of
APPLICANT SIGNATURE:					DATE	:	
AUT	HORIZATION FOR F	RELEASE (OF COMMITME	ENT INFORM	IATIO	ų .	
As an applicant for a permit to purch authorize the release of commitment possess a firearm and/or carry a ha completed and will result in your appli	nformation maintained by ndgun, You may refuse t	the Commis to provide thi	sioner of Human	Services which	will be	used to d	etermine your eligibility to
1, (type or print your name)							Commissioner of Human
Services to disclose commitment info assault weapon under Minnesota Sta the background investigation required	tute §624.713, subdivisio	nformation re n 1 to the loc	elates to my eligib cal police authorit	ility to possess y reviewing this	a hand	gun or se ition 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 exce	pt to the exterminate upon	ent that the Common notification to the	nissioner of Hu e applicant of th	man Se ne denia	rvices ha	s already taken action in of this application.
NAME (LAST, FIRST, MIDDLE, JR/SR):	APP	LICANT IN	FORMATION	DATE OF BIRTH:			HOME PHONE NUMBER:
MAIDEN NAME (IF APPLICABLE) OR OTHER NAMES	YOU HAVE USED.						L
PRESENT RESIDENCE ADDRESS:		COUNTY		STATE:	ZIP CODE		
RACE: SEX: HEIGHT:	WEIGHT: EY	E COLOR:	HAIR COLOR:	MN DRIVERS LICE	NSE OR I	NUMBER:	
DISTINGUISHING PHYSICAL CHARACTERISTICS (II	ICULDING SCARS, MARKS, TATTO	OOS, ETC):	1	1			

DEVICED ANA

CONTINUED ON REVERSE SIDE

7416.9911 FIREARMS PERMITS

B.

L		PREVIO	US RESIDENCE (PAST 10 YE/				
	STREET ADDRESS		CITY	COUNTY	STATE	ZIP CO	DE
-					+		
					t - t		
_							
L			L				
	 						
1.	Have you been convicted of a crime of vic						O
	either (1) been restored to your civil rights If yes, complete the following information:	at least 10	years ago or (2) your sentence	expired at least 10 y	ears ago?	U NO	□ YES
1	CONVICTION DATE(S):	CRIME(S):					
					[
1	LOCATION OF CONVICTION (CITY, COUNTY, STATE):	i					
					İ		
2.	Have you been convicted after August 1,	1992, of ass	ault in the fifth degree under Mi	nn. Stat. 609.224?		D NO	YES
	If yes, was the assault committed within th	ree years o	f a previous assault conviction u	under Minn. Stat. 609	3.221 to		
	609.224 OR was the assault victim a famil	ly or househ	nold member?			🗌 NO	YES
	If yes, complete the following information:						
	CONVICTION DATE(S):	CRIME(S):					
		L					
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):						
3.	Have you been convicted of a crime puni						
	punishment was actually imposed? If yes, complete the following information:			***************************************	***************************************	U NO	□ YES
	CONVICTION DATE(S):	CRIME(S):					
	,						
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):	1					
4.	Have you ever been pardoned for a crime	of violence	?			D NO	YES
	If yes, complete the following information:						
	PARDON DATE:	ORIGINAL CHA	AGE:				
	LOCATION OF ORIGINAL CONVICTION (CITY, COUNTY, ST	FATE):					
	Under the law of the jurisdiction where you						
	pardoned or have you had your civil rights					🗌 NO	☐ YES
	(Attach a copy of documentation establish	ing that the	conviction has been expunged,	set aside, or pardon	ed or that		
	you have had your civil rights restored.)						
5	Have you ever been convicted for the	unlawful us	e nossession or sale of a o	ontrolled substance	(other than		
0.	conviction for possession of small amount					NO	VES
_							
б.	Are you an unlawful user of any controlled	substance	as defined in Chapter 152, Minr	nesota Statutes?		U NO	LJYES
7.	Have you ever been hospitalized or comm					?. 🗌 NO	YES
	if yes, attach proof that you have not abus	ed a contro	iled substance or marijuana dur	ing the previous two	years.		
8.	Have you ever been confined or committe	d to a treatr	nent facility in Minnesota or else	where as "chemicali	v dependent	,	
	as defined in Minn. Stat. 253B.02?						YES
	If yes, have you completed treatment?						
L							

REVISED 8/9

FIREARMS PERMITS 7416.9930

C.

285

_				_
9.	Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any crimina	al proceedings?	🗆 NO	☐ YES
10.	Are you a peace officer?	IR O4 for	🗆 NO	YES
	chemical dependency?		🗆 NO	YES
	If yes, attach certificate from head of the facility discharging or provisionally discharging you from the fa			
11.	Have you ever been committed to a treatment facility in Minnesota or elsewhere as a "mentally ill", "me retarded", or "mentally ill and dangerous to the public" person as defined in Minnesota Statute § 253B.	ntally		
	If yes, attach proof you are no longer suffering from this disability.	JE!	U NU	_ 16
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 § 2538.02 or been found incompetent to stand trial or reason of mental illness?	or not quilty by		□ YE
				U YES
13.	Have you ever been discharged from the armed forces of the United States under dishonorable condition	ons?	U NO	YES
14.	Have you ever renounced your citizenship having been a citizen of the United States?		🗌 NO	YES
	lam (check one)	lien (Attach cop	y of docum	entation
J H PR	EREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS DECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	CORRECT UP	ON PENA	LTY OF
		TE:		****
_				
14	RESTRICTIONS		, X	50
The	 following restrictions apply to the possession of firearms, to transferee permits and report niautomatic military-style assault weapons, and permits to carry handguns. 	ts of transfer	for handg	uns an
•	Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assault we at least 21 years old to acquire handguns from licensed dealers.	apons, but under	federal lav	v must b
•	a least 21 years but or acquire interroguns from licensed dealers. Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 624.712, subdurless 10 years have elapsed since your civil rights have been restored or your sentence has expired, an ordicated with rights have been restored or your sentence has expired, an	livision 5) in Min	nesota or e	elsewher
	convicted of any other crime of violence.			
•	Must not have been convicted of fifth-dagree assault as defined in Minnesota Statutes § 699.224 in Minnesot (1) within 3 years of a previous assault conviction under Minnesota Statutes § 699.221 to 509.224; or (2) with bousehold member, unless 3 years have elapsed since the date of conviction and during that time you have degree assault.	ta or elsewhere s nere the assault v not been convic	ince Augus rictim was a ted of any o	t 1, 1992 family c other fifth
•	Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill, dangerous to the public."	mentally retarde	d, or menta	uliy ili an
	Must not have been either convicted in Minnesote or elsewhere of unleaded use possession or sale of	fa controlled su	ibstance (o	ther tha
	possession of a small amount of marijuana), or hospitalized or committed for treatment for the habitual use or unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that you had during the passess a	f a controlled sub we not abused a	stance or n controlled s	narijuana substanc
•	Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemically detreatment.	ependent, unless	you have o	omplete
•	Must not be a peace officer who has been informally admitted to a treatment facility for chemical depende from the head of the treatment facility discharging or provisionally discharging you from that facility.	ncy, unless you	possess a	certificat
•	Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment for more pertaining to artiflust violations, unfair trade practices, restraints of trade, or similar offenses relating to unless your orbif nights have been restored or the conviction has been pardoned, expunged, or set aside.	ore than a year the regulation of	other than business	offense practices
•	Must not be fugitive from justice.			
	Must not be a user of any contolled substance as defined in Chapter 152 of Minnesota Statutes. Must not be an 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.			
٠	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 reta the public or found incompetent to stand trial or not guilty by reason of mental illeass unless you possess i psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disability.	rded or mentally a certificate from	iii and dan	gerous to doctor o
The	following requirements, in addition to those stated above, also apply to permits to carry handguns:			
	Must provide either a finarms safety conflicate recognized by the Department of Natural Resources, eviden of ability to use a finarm supervised by the chief of police, or sheriffl, or other satisfactory proof of ability to us Must have an occupation or personal safety hazard requiring a permit to carry.	e a pistol safely.	completion	of a tes
	ED 894			
	CIT MEDE			
	VINERE			
	RECEIPT		.52 -41	a 5 7
HE	REBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:			
Sig	nature of person accepting application:			
D	_			
Dat	e: Time:			
	This receipt does not constitute a permit to acquire, possess or car	rv firearme		
	possess or car	. , varms.		

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

CHECK TYPE
NEW
RENEWAL

(TYPE OR PRINT ONLY)

NOTICE TO APPLICANT: An incomplete application will be denied. In the event an applicant is found to have knowingly fallafied 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.

shoulder pho	tograph of t	he applicant atta	iched.					
	2.7			DATA PRACTI	CES ADVISOR	ŘΥ	12.1	7 S C C C C C C C C C C C C C C C C C C
				be advised of the				And the second second
eligibility to	or contident possess a fi	ial data about yo rearm and/or cai	ourself which wil Ty a handgun.	be used to check	criminal histories	s, arrest records, a	and warrant inf	are being asked to provide ormation to determine you
Deina proce	ssed. Intorm ing older rec	nation regarding cords. The inform	"previous reside	nce addresses (na	n si "(sreav Nt te	intional However	if provided it s	sult in your application no will reduce the possibility of tion, and may be conveyed
I HAVE REA	AD AND UN	DERSTAND TH	E ABOVE DAT	A PRACTICES AD	VISORY.			
SIGNATURE	:						DATE:	
		AUTH	ORIZATION I	OR RELEASE	OF COMMITM	MENT INFORM	ATION	N/ N
possess a f completed a i, (type or pr Services to	e release of irearm and/ nd will resul int your nam disclose con	commitment info or carry a hand t in your applicat ne)	ormation mainta gun, You may r tion not being pr ation to the exte	ned by the Commi efuse to provide to ocessed.	issioner of Human his authorization; relates to my elio	n Services which is however, should	will be used to you refuse, the authorize the	in, you are being asked to determine your eligibility to he investigation cannot be the Commissioner of Humai remiautomatic military-style the purpose of conducting
the backgrou	ina investig	ation required by	Minnesota Law		cai police author	ity reviewing uns	application for	ine purpose or conducting
SIGNATURE							DATE:	
NOTE: This reliance on i	consent is t. If not prev	subject to revoc iously revoked, t	ation at any tim his authorization	e except to the ex will terminate upo	tent that the Con on notification to t	nmissioner of Hun he applicant of the	nan Services he denial or gran	nas already taken action in nt of this application.
NAME (LAST, FIR:	ST, MIDDLE, JR/	SR):				DATE OF BIRTH:		HOME PHONE NUMBER:
MAIDEN NAME (IF	APPLICABLE)	OR OTHER NAMES YO	OU HAVE USED:					
PRESENT RESIDE	NCE ADDRESS			CITY:		COUNTY:	STATE:	ZIP CODE
RACE:	SEX:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	MN DRIVERS LICEN	SE OR ID NUMBER	
DISTINGUISHING	PHYSICAL CHA	RACTERISTICS (INCU	LDING SCARS, MARK	(S, TATTOOS, ETC):				
NATURE OF EMP	OYMENT/OCCU	PATION OR PERSON	AL SAFETY HAZARD	REQUIRING CARRYING	OF A HANDGUN:			
6 13.6			PRE	/IOUS RESIDEN			AKAL YAYA	
	SIH	EET ADDRESS		-	CITY	COUNTY	STATE	ZIP CODE
						1		
						+		<u> </u>

REVISED ANA

CONTINUED ON REVERSE SIDE

FIREARMS PERMITS 7416.9931

B.

1.	 Have you been convicted of a crime of violence as defined in Minn. Stat. 824.712 in Minnesota or elsewhere and neither (1) been restored to your civil rights at least 10 years ago or (2) your sentence expired at least 10 years ago? If yes, complete the following information: 					
	CONVICTION DATE(S): CRIME(S):	7				
	LOCATION OF CONNECTION (CITY, COUNTY, STATE):					
2.	. Have you been convicted after August 1, 1992, of assault in the fifth degree under Minn. Stat. 609.2247					
	If yes, complete the following information:	🗀 NO	□ YES			
	CONVICTION DATE(S): CRIME(S):	7				
	LOCATION OF CONNICTION (CITY, COUNTY, STATE):	1				
3.	Have you been convicted of a crime punishable by imprisonment for a term exceeding one year regardless of whe punishment was actually imposed? If yes, complete the following information: CONVICTION DATE(5): CRIME(6):		YES			
	LOCATION OF CONVICTION (CITY, COUNTY, STATE):	1				
4.	. Have you ever been pardoned for a crime of violence? If yes, complete the following information:	🗆 NO	☐ YES			
	PARDON DATE: ORIGINAL CHARGE:	7				
	LOCATION OF ORIGINAL CONACTION (CITY, COUNTY, STATE):	1				
	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? (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.)	🗆 NO	☐ YES			
	you have had your civil highlis restored.)					
5.	. Have you ever been convicted for the unlawful use, possession, or sale of a controlled substance (other that conviction for possession of small amount of Marijuana as defined in Minn. Stat. 152.01, subd. 16)?		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 marijuan if yes, attach proof that you have not abused a controlled substance or marijuana during the previous two years.	na?. 🗌 NO	YES			
8.	Have you ever been confined or committed to a treatment facility in Minnesota or elsewhere as "chemically depender as defined in Minn. Stat. 2538.02?		☐ YES			
	If yes, have you completed treatment?	🗆 NO	YES			
9.	. Do you hold a firearms safety certificate? (If yes, attach copy thereof)	🗆 NO	☐ 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)		YES			
11.	Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings	? 🗆 NO	YES			
	ISED 8/94					

7416.9931 FIREARMS PERMITS

C.

12. Are you a peace officer?	□ NO □ YES
If yes, have you ever been informally admitted to a treatment facility pursuant to Minnesota Statut chemical dependency?	te 253B.04 for
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 eisewhere as a "mentality ill retarded", or "mentality ill and dangerous to the public" person as defined in Minnesota Statute § 2 if yes, attach proof you are no longer suffering from this disability.	", "mentally 253B.02? NO YES
14. Have you been confined in a treatment facility as a "mentally ill", mentally retarded", or "mentally the public" person as defined in Minnesota Statute § 2538 02 or been found incompetent to stand reason of mental illness?	trial or not guilty by
15. Have you ever been discharged from the armed forces of the United States under dishonorable of	onditions?
16. Have you ever renounced your citizenship having been a citizen of the United States?	NOYES
17. I am (check one)	Alien (Attach copy of documentation)
I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIP PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HEREUNDER.	T IS CORRECT UPON PENALTY OF
SIGNATURE OF APPLICANT:	DATE:
RESTRICTIONS	
The following restrictions apply to the possession of firearms, to transferee permits and	reports of transfer for handguns and
semiautomatic military-style assault weapons, and permits to carry handguns.	
 Must be at least 18 years old to acquire or possess a handgun or a semiautomatic military-style assa at least 21 years old to acquire handguns from licensed dealers. 	auit weapons, but under federal law must be
 Must not have been convicted of a crime of violence (as defined in Minnesota Statutes § 624.712 unless 10 years have elapsed since your civil rights have been restored or your sentence has expir convicted of any other crime of violence. 	 subdivision 5) in Minnesota or elsewhere ed, and during that time you have not been
 Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes § 692.24 in Mil (1) within 3 years of a provious assault conviction under Minnesota Statutes § 690.221 to 809.224 for household member, unless 3 years have elapsed since the date of conviction and during that time yo degree assault. 	 (2) where the assault victim was a family or
 Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "ment dangerous to the public." 	ally ill, mentally retarded, or mentally ill and
 Must not have been either convicted in Minnesota or elsewhere of unlawful use, possession or possession of a small amount of marijuana), or hospitalized or committed for treatment for the habitua unless you possess a certificate from a medical doctor or psychiatrist, or other satisfactory proof, that during the past two years. 	I use of a controlled substance or marijuana,
 Must not have been confined or committed to a treatment facility in Minnesota or elsewhere as chemi treatment. 	cally dependent, unless you have completed
 Must not be a peace officer who has been informally admitted to a treatment facility for chemical defrom the head of the treatment facility discharging or provisionally discharging you from that facility. 	ependency, unless you possess a certificate
 Must not have been convicted in Minnesota or elsewhere of a crime punishable by imprisonment pertaining to antitrust violations, unfair trade practices, restraints of trade, or similar offenses relat unless your civil rights have been restored or the conviction has been partoned, expunged, or set asit 	ling to the regulation of business practices?
Must not be fugitive from justice.	
 Must not be a user of any contolled substance as defined in Chapter 152 of Minnesota Statutes. Must not be an 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, menta the public or found incompetent to stand trial or not guilty by reason of mental illness unless you po psychiatrist licensed in Minnesota, or other satisfactory proof that you no longer suffer from this disable. 	ossess a certificate from a medical doctor of
The following requirements, in addition to those stated above, also apply to permits to carry handg	
 Must provide either a finearms safety certificate recognized by the Department of Natural Resources, of ability to use a finearm supervised by the chief of police, or sheriff, or other satisfactory proof of abili Must have an occupation or personal safety hazard requiring a permit to carry. 	, evidence of successful completion of a tes ity to use a pistol safely.
REVISED 8/94	
CUT HERE	
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 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 Minnesota Statutes Sections 6		_	ral firearms dealers pursuant to RES:	
This Permit must be presented cation before the sale of the p			qualifying Minnesota Identifi-	
Statutory Authority: M	S s 624.7151			
III. 4 10 CD 200				

History: 18 SR 390

7416.9950 FIREARMS PERMITS

Statutory Authority: MS s 624.7151

History: 18 SR 390

290

7416.9950 MINNESOTA PERMIT TO CARRY HANDGUN.

MINNESOTA STATE PERMIT TO CARRY A HANDGUN

РНОТО		Control #				
111010	Name	Name				
	Race/S	Sex				
	Addre	ss	38			
	City_	·				
р.о.в.	I	I				
	Height	Hair Color				
Scars/Marks	Weight	Eye Color				
Signature of Permittee	Iss	uing Agency				
EVDIDEC						
EXPIRES:		uing Authority Signature				
NOT VALID WIT	THOUT OTHER OUALI	FYING MINNESOTA ID				
This Permit must be in carrying a handgun und the restrictions noted	der the authority	granted hereon and within				
		Carry a Handgun ↓				
This Permit is granted for carrying a handgur valid when consuming a	during the follo					
that if he/she hereaft pistol under Minnesota	ter becomes prohi a Statutes Section and he/she shall	s Permit, the holder agrees bited from possessing a n 624.711, <u>this Permit</u> return this Permit to the after becoming so				

Copyright © 2011 by the Revisor of Statutes, State of Minnesota. All Rights Reserved.