



**MINNESOTA UNIFORM FIREARM APPLICATION  
PERMIT TO CARRY A PISTOL  
(TYPE OR PRINT ONLY)  
THIS APPLICATION MUST BE SUBMITTED IN PERSON**

| CHECK TYPE   |                      |
|--|----------------------|
| <input type="checkbox"/>   | NEW                  |
| <input type="checkbox"/>   | RENEWAL              |
| <input type="checkbox"/>   | PERSONAL DATA CHANGE |
| <input type="checkbox"/>   | REPLACEMENT          |
| <input type="checkbox"/>   | EMERGENCY            |
| <b>NOTE:</b> PERSONAL DATA CHANGE/<br>REPLACEMENT APPLICANTS NEED ONLY<br>COMPLETE REQUIRED PERSONAL DATA<br>AND SIGN WHERE INDICATED. |                      |

**NOTICE TO APPLICANT: An incomplete application will be denied.** If an applicant is found to have knowingly falsified this application or omitted pertinent information that person may be subject to criminal prosecution. The waiting period will begin on the date that this application is fully completed and submitted.

**DATA PRACTICES ADVISORY**

The Minnesota Data Practices Act requires you be advised of the following:

As an applicant for a permit to carry a pistol you are being asked to provide private data about yourself that will be used to check various databases to determine your eligibility to possess a firearm.

You may refuse to provide this data. If you refuse, the background check cannot be completed and your application will not be processed. Providing the data will permit the background check to be completed. The result of the check may be either affirmative or negative. The data you provide may be shared with other criminal justice agencies, via court order or as authorized or required by law.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

**SIGNATURE:**

**DATE:**

**REQUIRED PERSONAL DATA**

|  |         |         |                                |             |            |  |
|--|---------|---------|--------------------------------|-------------|------------|--|
| NAME (LAST, FIRST, MIDDLE, JR/SR):   |         |         | BIRTH DATE:                    |             | PHONE NO.: |  |
| MAIDEN NAME (if applicable) OR OTHER NAMES YOU HAVE USED:                        |         |         |                                |             |            |  |
| PRESENT RESIDENCE ADDRESS:   |         |         | CITY/TOWNSHIP (if applicable): |             | COUNTY:    | STATE:   |
| ZIP CODE:  |         |         |                                |             |            |  |
| SEX:   | HEIGHT: | WEIGHT: | EYE COLOR:                     | HAIR COLOR: | STATE:     | DRIVER'S LICENSE, STATE ID OR PASSPORT NUMBER: |
| DISTINGUISHING PHYSICAL CHARACTERISTICS (INCLUDING SCARS, MARKS, TATTOOS, ETC.): |         |         |                                |             |            |  |
|  |         |         |                                |             |            |  |
|  |         |         |                                |             |            |  |
|  |         |         |                                |             |            |  |
|  |         |         |                                |             |            |  |

**PREVIOUS RESIDENCE (PAST 5 YEARS)**

| FROM (Mo/Yr) – TO (Mo/Yr) | CITY | TOWNSHIP (if applicable) | COUNTY | STATE |
|---------------------------|------|--------------------------|--------|-------|
|                           |      |                          |        |       |
|                           |      |                          |        |       |
|                           |      |                          |        |       |
|                           |      |                          |        |       |
|                           |      |                          |        |       |
|                           |      |                          |        |       |

**AUTHORIZATION FOR RELEASE OF HUMAN SERVICES DATA FOR BACKGROUND CHECKS**

|                                    |             |            |
|------------------------------------|-------------|------------|
| NAME (LAST, FIRST, MIDDLE, JR/SR): | BIRTH DATE: | PHONE NO.: |
|------------------------------------|-------------|------------|

MAIDEN NAME (if applicable) OR OTHER NAMES YOU HAVE USED:

|                            |                                |         |        |           |
|----------------------------|--------------------------------|---------|--------|-----------|
| PRESENT RESIDENCE ADDRESS: | CITY/TOWNSHIP (if applicable): | COUNTY: | STATE: | ZIP CODE: |
|----------------------------|--------------------------------|---------|--------|-----------|

TO: Minnesota Department of Human Services or a similar government agency in another state that maintains data about civil commitments

By signing this Authorization for Release of Data I am giving the Minnesota Department of Human Services or a similar government agency in another state permission to release the following types of data about me to the named law enforcement agency. I understand this data will be used by the law enforcement agency as part of a background check to determine whether I am eligible for a permit to carry, to renew a permit to carry or for a permit to purchase a firearm.

The data I am asking to be released is whether I have been:

- Confined as a result of an emergency mental health or other type of hold order
- Confined as a result of a court hold order
- Committed by a court as mentally ill, developmentally disabled or mentally ill and dangerous
- Committed by a court as chemically dependent
- Found incompetent to stand trial or have been found not guilty by reason of mental illness
- A peace officer informally admitted to a treatment facility for chemical dependency

The data is to be released to the listed **law enforcement agency**:

AGENCY NAME:

AGENCY ADDRESS:

AGENCY CONTACT PERSON AND PHONE NUMBER:

I understand that by signing this form I am requesting the data listed be sent to the law enforcement agency listed. I may stop this consent at any time by writing to the Minnesota Department of Human Services or government agency in another state. If data has already been released based on this consent, my request to stop the release will not work for that data.

I understand when the data is sent to the law enforcement agency the data could be redisclosed as provided under federal and state law. If I choose not to sign this consent form, I may not be able to receive a permit.

This consent will end five years from the date any permit is issued unless I indicate an earlier date or event here:

|                   |              |
|-------------------|--------------|
| <b>SIGNATURE:</b> | <b>DATE:</b> |
|-------------------|--------------|

For Law Enforcement Use Only – Permit Issue Date:

## RESTRICTIONS

The following restrictions apply to the possession of firearms, to purchase/transfer permits, and reports of transfer for handguns and semiautomatic military-style assault weapons. Individuals with restrictions shall not be entitled to possess a pistol or any other firearm. The legal basis for the restrictions may be found in federal law (18 United States Code § 922) or Minnesota law (Minnesota Statutes, §§ 253B.02, 624.712, 624.713, 624.7131 or 624.714).

- Must be 21 years old to purchase a handgun or handgun ammunition from a federally licensed dealer.
- Must be 18 years old to purchase a semi-automatic assault rifle.
- Must not have been convicted, adjudicated delinquent or convicted as an extended jurisdiction juvenile of a crime of violence in Minnesota or elsewhere unless civil rights have been restored and during that time you have not been convicted of any other crime of violence.  
**NOTE: This lifetime prohibition on possessing, receiving, shipping, or transporting firearms for persons convicted or adjudicated delinquent of a crime of violence applies only to offenders who are discharged from sentence or court supervision for a crime of violence on or after August 1, 1993.**
- Must not have been charged with a crime of violence or placed in a pretrial diversion program by the court before disposition until you have completed the diversion program and the charge of committing the crime of violence has been dismissed.
- Must not have been convicted of fifth-degree assault as defined in Minnesota Statutes, §609.224 or assault as defined in Minnesota Statutes, §609.2242 either in Minnesota or elsewhere since August 1, 1992.
- Must not have been convicted in any court of a misdemeanor crime of domestic violence as defined in 18 United States Code section 922(g)(9). Federal law prohibits the possession of a firearm for anyone convicted in any court of a qualified misdemeanor crime of domestic violence.
- Must not be subject to a court order that (1) was issued after a hearing of which you had actual notice and at which you had an opportunity to participate; (2) restrains you from harassing, stalking, or threatening an intimate partner, a child of an intimate partner, or your own child, or engaging in other conduct that would place an intimate partner in a reasonable fear of bodily injury to that person or a child; and (3) includes a finding that you represent a credible threat to the physical safety of such intimate partner or child or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury.
- Must not be an unlawful user of any controlled substance as defined in Chapter 152 of Minnesota Statutes.
- Must not be a person who is or has ever been committed by a judicial determination for treatment for the habitual use of a controlled substance as defined in Minnesota Statutes, §§ 152.01 and 152.02, unless the person's ability to possess a firearm has been restored under Minnesota Statutes, §624.713, subdivision 4 and must not have been convicted in Minnesota or elsewhere of a misdemeanor or gross misdemeanor violation of Chapter 152 of Minnesota Statutes, unless three years have elapsed since the date of conviction and during that time the person has not been convicted of any other such violation of Chapter 152 of Minnesota Statutes or a similar law of another state.
- Must not have been committed to a treatment facility in Minnesota or elsewhere as chemically dependent unless you have completed treatment or your civil rights to possess a firearm have been restored.
- Must not have been judicially committed to a treatment facility in Minnesota or elsewhere as "mentally ill," "developmentally disabled" or "mentally defective," or "mentally ill and dangerous to the public."
- 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 one year (other than for 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 a fugitive from justice as a result of having fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceeding.
- Must not be an alien who is illegally or unlawfully in the United States.
- Must not have been discharged from the armed forces of the United States under dishonorable conditions.
- Must not have renounced your United States citizenship.
- Must not have been convicted of a gross misdemeanor level crime committed for the benefit of a gang (§609.229); assault motivated by bias (§609.2231, subd. 4); false imprisonment (§609.255); neglect or endangerment of a child (§609.378); burglary in 4th degree (§609.582 subd. 4); setting a spring gun (§609.665); riot (§609.71) or harassment and stalking (§609.749), unless three years have elapsed since the date of conviction and during that time you have not been convicted of any other violation of these sections. (All references are to Minnesota Statutes.)
- Must not be under a qualified domestic abuse restraining order as defined in 18 United States Code section 922 (g)(8) or (9) as amended through March 1, 2014.

**RESTRICTIONS**

The following statutes describe persons that are prohibited from possessing a firearm:

- Minnesota Statutes, §518B.01, subdivision 14 - Violation of an Order for Protection.
- Minnesota Statutes, §609.224, subdivision 3 - Assault in the 1<sup>st</sup> through 5<sup>th</sup> degree with firearms.
- Minnesota Statutes, §609.2242, subdivision 3 - Domestic assaults with firearms.
- Minnesota Statutes, §609.749, subdivision 8 - Harassment; Stalking; Firearms.
- Minnesota Statutes, §624.713 - Certain persons not to possess firearms.
- Minnesota Statutes, §624.719 - Possession of a firearm by non-resident alien.
- Minnesota Statutes, §629.715, subdivision 2 - Surrender of firearms as condition of release.
- Minnesota Statutes, §629.72, subdivision 2 - Judicial review that prohibits person from possessing a firearm.
- Minnesota Statutes, §299C.091 - Listed in the criminal gang investigation system.

Note: Federal laws, not listed herein, may also prohibit possession of a firearm for certain persons.

**I HEREBY STATE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I AM NOT PROHIBITED BY LAW FROM POSSESSING A FIREARM.**

**SIGNATURE:**

**DATE:**

**FOR OFFICE USE ONLY**

The Applicant must submit the following items with this application:

- A completed application form, signed and dated by the Applicant;
- An accurate photocopy of a certificate, affidavit, or other document that is submitted as the Applicant's evidence of training in the safe use of a pistol that meets the requirements of Minnesota Statutes, §624.714;
- An accurate photocopy of the Applicant's current driver's license, state identification card, or the photo page of the Applicant's passport.
- In addition to the other application materials, a person who is otherwise ineligible for a permit due to a criminal conviction but who has obtained a pardon or expungement setting aside the conviction, sealing the conviction, or otherwise restoring applicable rights, must submit a copy of the relevant order.

**NOTICE OF REVOCATION**

Permit, if granted, shall be void at the time the holder becomes prohibited from possession of a pistol under Minnesota Statutes, in which event the holder must immediately return the permit to the issuing sheriff's office.

**CHANGE OF ADDRESS/LOSS OR DESTRUCTION OF PERMIT**

Within 30 days after changing permanent address, or within 30 days of having lost or destroyed the permit card, the permit holder must notify the issuing sheriff's office of the change, loss, or destruction.

**If card is lost or destroyed, permit holder must provide a notarized statement that the card has been lost or destroyed.**

Failure to provide notification as required by this subdivision is a petty misdemeanor.

**DENIAL**

**This application is denied based on the following reason(s):**

\_\_\_\_\_  
Sheriff's Office



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PERMIT TO CARRY A PISTOL

RECEIPT

| CHECK TYPE               |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | NEW                     |
| <input type="checkbox"/> | RENEWAL                 |
| <input type="checkbox"/> | PERSONAL DATA<br>CHANGE |
| <input type="checkbox"/> | REPLACEMENT             |
| <input type="checkbox"/> | EMERGENCY               |

I HEREBY ACKNOWLEDGE ACCEPTANCE OF THE PERMIT TO CARRY APPLICATION OF:

\_\_\_\_\_  
*(Name of Applicant)*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Form of Payment: \_\_\_\_\_

\_\_\_\_\_  
Signature of person accepting application

\_\_\_\_\_  
Issuing Sheriff's Office

**This receipt *DOES NOT* constitute a permit to carry a pistol.**