



**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
NOTE: PERSONAL DATA CHANGE/ REPLACEMENT APPLICANTS NEED ONLY COMPLETE REQUIRED PERSONAL DATA AND SIGN WHERE INDICATED.

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 waiting period will begin on the date that this application is submitted.

DATA PRACTICES ADVISORY

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

As an applicant for a permit to carry a pistol, 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 pistol.

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. 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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REQUIRED PERSONAL DATA

NAME (LAST, FIRST,MIDDLE,JR/SR):			DATE OF BIRTH:	TELEPHONE NUMBER:		
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 INFORMATION FOR BACKGROUND CHECKS

A photocopy/facsimile of this authorization is valid as original.

NAME (first, middle, last) PLEASE PRINT		Other names used (if any)
Date of Birth	Address	State and Zip Code
Agency maintaining information		Agency asking for information
Agency Name		Agency Name
Address		Address
		Contact Person Phone Number

If I voluntarily sign this Authorization for Release of Information, this means that the Minnesota Department of Human Services (DHS), or any similar agency or department of another state where the applicant has resided, will release the information described below (if DHS or any similar agency or department of another state has the information) to the law enforcement agency that is specified on this form. The information will be used by the law agency to complete a required background evaluation relating to my request for permit, to renew a permit or for the purchase of a hand gun.

With my permission, the Minnesota Department of Human Services, or any similar agency or department of another state, may verify to the law enforcement agency, based upon information it may possess, whether I am or have ever been:

- Confined as a result of an emergency mental health hold order;
- Confined as a result of an emergency hold order;
- Confined as a result of a court hold order;
- Judicially committed to treatment (in-patient or out-patient);
- Voluntarily admitted to a facility for treatment as a result of mental illness, mental retardation, or drug or alcohol dependency; or
- Evaluated to determine competence to stand trial.

I understand that State and Federal privacy laws protect my records. My records can be released only if I give my written permission or if the law allows it. If I refuse to sign or cancel this release, I may not be eligible to receive the service I am requesting. I may cancel this consent with written notice at any time, but this written notice will not affect information the agency has already requested or released. I understand that those who receive my records under this release may share it with others. I also understand that once the information is shared with others, it is no longer protected by this authorization.

REVOCATION CLAUSES: I may cancel this consent with written notice at any time but this written consent will not affect information the agency has already requested or released.

My consent will expire *one (1) year* from the date I signed if I do not revoke my consent earlier, unless a longer period is authorized by law.

By signing below, I authorize the Minnesota Department of Human Services to release the specified mental health information to the law enforcement agency listed above.

Signature of Individual Subject of Data	Date	
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RESTRICTIONS

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

- Minnesota Statute §518B.01, subdivision 14 - Violation of an Order for Protection.
- Minnesota Statute §609.224, subdivision 3 - Assault in the 1st through 5th Degree with firearms.
- Minnesota Statute §609.2242, subdivision 3 - Domestic assaults with firearms.
- Minnesota Statute §609.749, subdivision 8 - Harassment; Stalking; Firearms.
- Minnesota Statute §624.713 - Certain persons not to have pistols or semiautomatic military-style assault weapons.
- Minnesota Statute §624.719 - Possession of a firearm by non-resident alien.
- Minnesota Statute §629.715, subdivision 2 - Surrender of firearms as condition of release.
- Minnesota Statute §629.72, subdivision 2 - Judicial review that prohibits person from possessing a firearm.
- Minnesota Statute 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 Statute §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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RECEIPT

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<input type="checkbox"/>	PERSONAL DATA 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.