



CHECK PERMIT TYPE	
<input type="checkbox"/>	PURCHASE
<input type="checkbox"/>	TRANSFER

**MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT
PERMIT TO PURCHASE/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 waiting period will begin on the date that this application is submitted.

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 PICTURE ID: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF AGREEMENT TO TRANSFER:	SIGNATURE OF DEALER REPRESENTATIVE:	

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 or for reporting the transfer of a firearm, 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.

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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APPLICANT INFORMATION

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:	COUNTY:	STATE:	ZIP CODE:
RACE:	SEX:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR: MN DRIVER'S LICENSE OR STATE ID NUMBER:
DISTINGUISHING PHYSICAL CHARACTERISTICS (INCLUDING SCARS, MARKS, TATTOOS, ETC):					

PREVIOUS RESIDENCE (PAST 10 YEARS)

FROM Mo/Yr	TO Mo/Yr	STREET ADDRESS	CITY	COUNTY	STATE	ZIP

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) will release the information described below (if DHS 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 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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1. Have you ever been charged or adjudicated as a juvenile or convicted for what would be a crime of violence as defined in Minn. Stat. §624.712 in Minnesota or elsewhere **and not** been restored your civil rights?..... No Yes
 If yes, complete the following information:
- | | |
|---------------------------------------------------------------------|-----------|
| DATE(S): | CRIME(S): |
| LOCATION OF CHARGE/ADJUDICATION OR CONVICTION (CITY, COUNTY, STATE) | |
2. Have you been convicted after August 1, 1992, of assault in the fifth degree under Minn. Stat. §609.224 or of domestic assault under Minn. Stat. §609.2242?..... No Yes
 If yes, was the assault committed within three years of a previous assault conviction under Minn. Stat. §609.221 to Minn. Stat. §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 CONVICTION (CITY, COUNTY, STATE) | |
- Under the law of the jurisdiction where you were convicted, has your conviction been expunged, set aside, 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, 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 a 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
9. Have you fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceedings?..... No Yes
10. Are you a peace officer?..... No Yes
 If yes, have you ever been informally admitted to a treatment facility pursuant to Minn. Stat. §253B.04 for chemical dependency?..... No 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 Minn. Stat. §253B.02?..... No Yes
 If yes, attach proof that 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 Minn. Stat. §253B.02 or been found incompetent to stand trial or not guilty by reason of mental illness?..... No Yes

13. Have you ever served in the armed forces of the United States?..... No Yes
14. Have you ever been discharged from the armed forces of the United States under dishonorable conditions?..... No Yes
15. Have you ever renounced your citizenship having been a citizen of the United States?..... No Yes
16. I am (check one)..... American Citizen Legal Resident Alien (Attach copy of documentation)
17. Are you subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner, the child of an intimate partner, or your own child?..... No Yes
If yes, attach copy of court order.
18. Have you been convicted in any court of a misdemeanor crime of domestic violence?..... No Yes
If yes, complete the following information:

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

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION/RECEIPT IS CORRECT UPON PENALTY OF PROSECUTION AND/OR VOIDING OF ANY PERMIT ISSUED HERE UNDER.

SIGNATURE:

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.

- Must be at least 18 years old to purchase a handgun or semiautomatic military-style assault weapons from a licensed dealer, and 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 civil rights have been restored 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 or domestic assault as defined in Minnesota Statutes §609.2242 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 or domestic 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 a fugitive from justice.
- Must not be an unlawful 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 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 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.
- 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 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 have been convicted in any court of a misdemeanor crime of domestic violence as meant by 18 United States Code section 922(g)(9).



**MINNESOTA UNIFORM FIREARM APPLICATION
PERMIT TO PURCHASE OR POSSESS FIREARMS**

RECEIPT

CHECK TYPE
<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWAL

I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:

(Name of Applicant)

Date: _____ Time: _____

Signature of person accepting application

Issuing Law Enforcement Agency

This receipt *DOES NOT* constitute a permit to acquire or possess firearms.