Check Permit Type	MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT PERMIT TO PURCHASE/TRANSFER	Check Type
☐ PURCHASE		☐ NEW
☐ TRANSFER	*(TYPE OR PRINT ONLY)*	☐ RENEWAL

TO REPORT A TRANSFER: Complete all sections.

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 over the transfer 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: ☐ YES ☐ NO	DATE OF AGREEMENT TO TRANSFER:	SIGNATURE OF DEALER REPRESENTATIVE:	

TO APPLY FOR A PERMIT TO PURCHASE: Complete the sections that follow.

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 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 purchase a firearm or for reporting the transfer of a firearm you are being asked to provide private data about yourself that will be used to check various databases to determine your eligibility to lawfully acquire a firearm.

You may refuse to provide this information. If you refuse, the background check cannot be completed and your application will not be processed. Providing the information 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 otherwise authorized or required by law.

I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.

SIGNATURE:	**DATE:**

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

Rev. 6-26-2025

PREVIOUS RESIDENCE (PAST 5 YEARS)					
From (Mo/Yr) – To (Mo/Yr)	STREET ADDRESS	CITY/TOWNSHIP	STATE	ZIP	COUNTY

AUTHORIZATION FOR RELEASE OF DIRECT CARE AND TREATMENT DATA FOR BACKGROUND CHECKS				
NAME (LAST, FIRST, MIDDLE, JR/SR):			BIRTHDATE:	PHONE NO.:
MAIDEN NAME (if applicable) OR OTHER NAMES YOU HAVE USED:				
PRESENT RESIDENCE ADDRESS:	CITY/TOWNSHIP:	STATE:	ZIP CODE:	COUNTY:

TO: Minnesota Department of Direct Care and Treatment 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 Direct Care and Treatment 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:

- Committed by a court as mentally ill, developmentally disabled or mentally ill and dangerous to the public
- 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 Direct Care and Treatment 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 re-disclosed 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 one year from the date any permit is issued unless I indicate an earlier date or event here:

SIGNATURE :	**DATE:**

For Law Enforcement Use Only – Permit Issue Date:

RESTRICTIONS

Please read the following restrictions carefully. They 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 at least 21 years old to purchase a handgun or handgun ammunition from a federally licensed dealer.
- Must be at least 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 my civil rights have been restored, and I have not been convicted of any other crime of violence during that time.

  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 either as an adult or a juvenile and placed in a pretrial diversion program by the court before disposition, until I 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 or a similar offense in another state where the victim was a family or household member since August 1, 1992. As a further condition, I am not disqualified because three years have elapsed from the conviction and I have not been convicted of any other violation of § 609.224, subdivision 3 or 609.2242, subdivision 3 in Minnesota or a similar law in another state.
- 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 I had actual notice and at which I had an opportunity to participate; (2) restrains me from harassing, stalking, or threatening an intimate partner, a child of an intimate partner, or my 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 I represent a credible threat to the physical safety of an intimate partner or child or by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against an intimate partner or child that would reasonably be expected to cause bodily injury.
- Must not be subject to an extreme risk protection order as described in Minnesota Statutes, §§ 624.7172 or 624.7174.
- Must not be an unlawful user of any controlled substance as defined in Chapter 152 of Minnesota Statutes.

  NOTE: Under Minnesota law, a patient in the registry program may refrain from reporting the use of medical cannabis flower and medical cannabinoid products as these terms are defined in Minn. Stat. § 624.712. Under Minnesota law, a person 21 years of age or older may refrain from reporting the use of adult-use cannabis flower, adult-use cannabis products, lower-potency hemp edibles, or hemp-derived consumer products as these terms are defined in Minn. Stat. § 624.712.

  Warning: The use or possession of marijuana remains unlawful under federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in Minnesota.

- 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 my ability to possess a firearm has been restored under Minnesota Statutes, §624.713, subdivision 4.

CONTINUED ON NEXT PAGE

RESTRICTIONS

CONTINUED FROM PREVIOUS PAGE

- 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 I have not been convicted of any other violation of Chapter 152 of Minnesota Statutes or a similar law of another state during that time.
- Must not have been committed to a treatment facility in Minnesota or elsewhere as chemically dependent unless I have completed treatment or my 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 I possess a certificate from the head of the treatment facility discharging or provisionally discharging me 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 my 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 my 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 stalking (§609.749), unless three years have elapsed since the date of conviction, and I have not been convicted of any other violation of these sections during that time. (All references are to Minnesota Statutes.)
- Must not be listed in the criminal gang investigative data system under Minnesota Statutes, § 299C.091.
- Must not have been denied a transferee permit or application in the last six months based upon a determination that you were a danger to yourself or the public when in possession of firearms.
- 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.

AFTER READING THE ABOVE RESTRICTIONS, I STATE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I AM NOT PROHIBITED BY LAW FROM POSSESSING A FIREARM.

SIGNATURE:	**DATE:**

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

SIGNATURE:	**DATE:**

MINNESOTA UNIFORM FIREARM APPLICATION
PERMIT TO PURCHASE OR TRANSFER

CHECK TYPE
☐ NEW
☐ RENEWAL

RECEIPT

I HEREBY ACKNOWLEDGE ACCEPTANCE OF THIS APPLICATION:

_____

(Name of Applicant)

Date: _____ Time: _____

_____ _____

Signature of person accepting application | Issuing Law Enforcement Agency

<u>This receipt *DOES NOT* constitute a permit to acquire or possess firearms.</u>