

McLEOD COUNTY SHERIFF'S OFFICE
Law Enforcement, Corrections and Dispatch
801 10th Street East, Glencoe, Minnesota 55336
(320) 864-3134 FAX (320) 864-5920

Tim Langenfeld
Chief Deputy

SCOTT REHMANN
McLeod County Sheriff

Capt. Kate Jones
Jail Administrator

CONCEALED CARRY
CHANGE OF ADDRESS/LOSS OF PERMIT CARD

- ❖ Permit holder must notify Sheriff of address change or loss of card within 30 days
- ❖ Failure to provide notification as required is a petty misdemeanor. The fine for a first time offense must not exceed \$25
- ❖ Request for replacement card must be made on an official Department of Public Safety form
- ❖ A notarized statement is required for a lost or stolen card (but not for an address change)
- ❖ There is a \$10 fee for a replacement card

Notarized statement that permit card has been lost or destroyed:

Printed Name: _____ Date: _____

Signature: _____

Subscribed and Sworn to me this _____ day of _____, _____.

Notary Public Signature: _____



**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. 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:
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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 RESIDENCES (PAST 5 YEARS)

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