

	Check Permit Type	<b>MINNESOTA UNIFORM FIREARM APPLICATION/RECEIPT PERMIT TO PURCHASE/TRANSFER</b>  (TYPE OR PRINT ONLY)	Check Type
	<input type="checkbox"/> PURCHASE  <input type="checkbox"/> TRANSFER		<input type="checkbox"/> NEW  <input type="checkbox"/> 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: <input type="checkbox"/> YES <input type="checkbox"/> 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	
<p><b>The Minnesota Data Practices Act requires you be advised of the following:</b></p> <p>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.</p> <p>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.</p> <p><b>I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.</b></p>	
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 (if applicable):	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):				

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

AUTHORIZATION FOR RELEASE OF HUMAN SERVICES 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 (if applicable):	STATE:	ZIP CODE:	COUNTY:	
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:					
<ul style="list-style-type: none"> <li>➤ Committed by a court as mentally ill, developmentally disabled or mentally ill and dangerous to the public</li> <li>➤ Committed by a court as chemically dependent</li> <li>➤ Found incompetent to stand trial or have been found not guilty by reason of mental illness</li> <li>➤ A peace officer informally admitted to a treatment facility for chemical dependency</li> </ul>					
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 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:					