



Check Permit Type

PURCHASE

TRANSFER

**MINNESOTA UNIFORM FIREARM
APPLICATION/RECEIPT
PERMIT TO PURCHASE/TRANSFER**

(TYPE OR PRINT ONLY)

Check Type

NEW

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 (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):