



MINNESOTA UNIFORM FIREARM APPLICATION
PERMIT TO CARRY A PISTOL
(TYPE OR PRINT ONLY)
THIS APPLICATION MUST BE SUBMITTED IN PERSON

CHECK TYPE	
☐	NEW
☐	RENEWAL
☐	PERSONAL DATA CHANGE
☐	REPLACEMENT
☐	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:

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