

# Permit to Carry a Pistol

The Applicant must submit the following items with this application:

- Applicants must be 21 years old, U.S. citizen or legal alien
- Must be a resident of Rice County, nonresident of the State or “permanent resident” non-citizens (i.e., green card holders) *NOTE: If you are a retired or currently active in law enforcement let the clerk know!*
- Application must be on official DPS (Department of Public Safety) form.
- **DO NOT SIGN OR DATE YOUR APPLICATION PRIOR TO BRINGING IT INTO THE DEPARTMENT. IT MUST BE DONE IN THE PRESENCE OF DEPARTMENT PERSONNEL.** Be sure to sign and date where indicated on ALL pages. **APPLICANT MUST APPLY IN PERSON!**
- Must **complete entire form** by filling in **ALL boxes** and **answering all** questions.
- Must provide a daytime phone number where the individual may be reached during office hours.
- Must **list ALL previous names** (first, middle and last) (maiden, married, name changes) **Failure to list ALL names used will be automatic denial of permit.**
- Must provide photocopy of the applicants training certificate-Personal Protection in the home (Contact the NRA for information on training and availability in Minnesota at the NRA web site [www.NRA.org](http://www.NRA.org) or by calling 1-800-672-3888). **RENEWAL**-New training is required.
  - **Other Known Instruction Classes:**
    - Ahlman’s Gun Shop                      507-685-4243
    - Faribault Gun Club                      507-332-8249
    - Plus P Technology                      612-396-2745 (or) 612-729-7241
    - DFI (Defensive Firearms Institute)   612-202-4803
    - Cabela’s, Owatonna, MN              507-451-4545 ( ask for Mark Lamphere)
    - Southern MN Conceal Carry        507-838-5252 (ask for Dave DeCoux)
- Must provide **photo ID** (i.e., drivers license, passport)
- Must provide non-refundable fee –
 

|   |          | <b>LAW ENFORCEMENT</b>                        |
|---|----------|---|
| New Applications.....   | \$100.00 | New     \$50.00 (active)<br>\$10.00 (retired) |
| Renewal within 90 days <b>BEFORE</b> expiration date .....  | \$75.00  | Renewal \$35.00 (active)<br>\$10.00 (retired) |
| IF the application is received <b>AFTER</b> the expiration date, but <b>BEFORE</b> 30 days after expiration, <b>MUST PAY LATE FEE .....</b> |          |   |
| <b>\$ 10.00</b>   |          |   |
- **RENEWALS**-Must complete refresher training within 1 year prior to renewal
- **Data Changes, Lost or Destroyed Permits .....** \$ 10.00  
**Notarized letter MUST accompany application for lost, destroyed, or stolen permits.**
- **COMMITMENTS:** Must provide pardon if rights have been restored  
Must provide certificate of completion from treatment center



**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  |
| <small>NOTE: PERSONAL DATA CHANGE/<br/>REPLACEMENT APPLICANTS NEED ONLY<br/>COMPLETE REQUIRED PERSONAL DATA<br/>AND SIGN WHERE INDICATED.</small> |

**NOTICE TO APPLICANT:** An incomplete application will be denied. In the event 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 submitted.

| DATA PRACTICES ADVISORY   |
|---|
| <b>The Minnesota Data Practices Act requires that you be advised of the following information:</b>  |
| As an applicant for a permit to carry a pistol, you are being asked to provide private data about yourself which will be used to check various databases to determine your eligibility.   |
| You may refuse to provide this information; however, should 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 information you provide may be shared with other law enforcement agencies, via court order or as authorized or required by law. |
| <b>I HAVE READ AND UNDERSTAND THE ABOVE DATA PRACTICES ADVISORY.</b>  |
| <b>SIGNATURE:</b>   |
| <b>DATE:</b>  |

| REQUIRED PERSONAL DATA  |                                |                   |            |             |        |  |
|---|--------------------------------|-------------------|------------|-------------|--------|--|
| NAME (LAST, FIRST,MIDDLE,JR/SR):  | DATE OF BIRTH:                 | TELEPHONE NUMBER: |            |             |        |  |
| 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 RESIDENCE (PAST 5 YEARS) |      |                          |        |       |
|-----------------------------------|------|--------------------------|--------|-------|
| From (Mo/Yr) – To (Mo/Yr)         | CITY | TOWNSHIP (if applicable) | COUNTY | STATE |
|                                   |      |                          |        |       |
|                                   |      |                          |        |       |
|                                   |      |                          |        |       |
|                                   |      |                          |        |       |
|                                   |      |                          |        |       |

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR BACKGROUND CHECKS**

|                                  |                |                   |
|----------------------------------|----------------|-------------------|
| NAME (LAST, FIRST,MIDDLE,JR/SR): | DATE OF BIRTH: | TELEPHONE NUMBER: |
|----------------------------------|----------------|-------------------|

MAIDEN NAME (IF APPLICABLE) OR OTHER NAMES YOU HAVE USED:

|                            |                                |         |        |           |
|----------------------------|--------------------------------|---------|--------|-----------|
| PRESENT RESIDENCE ADDRESS: | CITY/TOWNSHIP (if applicable): | COUNTY: | STATE: | ZIP CODE: |
|----------------------------|--------------------------------|---------|--------|-----------|

TO: Minnesota Department of Human Services or a similar government agency in another state that maintains data about civil commitments

The information I am asking to be released is whether I have been:

- Confined as a result of an emergency mental health or other type of hold order
- Confined as a result of a court hold order
- Committed by a court as mentally ill, developmentally disabled or mentally ill and dangerous
- Committed as chemically dependent
- Found incompetent to stand trial or have been found not guilty by reason of mental illness
- Admitted voluntarily to a facility for treatment as a result of mental illness, developmental disability or chemical dependency

The information is to be released to the listed law enforcement agency:

Name:

Address:

Contact person and phone number:

I understand that by signing this form, I am requesting that the information 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 information has already been released based on this consent, my request to stop will not work for that information.

I understand that when the information is sent to the law enforcement agency, the information 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 five years 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**

The following statutes describe persons that are prohibited from possessing a firearm:

- Minnesota Statute §518B.01, subdivision 14 - Violation of an Order for Protection.
- Minnesota Statute §609.224, subdivision 3 - Assault in the 1<sup>st</sup> through 5<sup>th</sup> Degree with firearms.
- Minnesota Statute §609.2242, subdivision 3 - Domestic assaults with firearms.
- Minnesota Statute §609.749, subdivision 8 - Harassment; Stalking; Firearms.
- Minnesota Statute §624.713 - Certain persons not to have pistols or semiautomatic military-style assault weapons.
- Minnesota Statute §624.719 - Possession of a firearm by non-resident alien.
- Minnesota Statute §629.715, subdivision 2 - Surrender of firearms as condition of release.
- Minnesota Statute §629.72, subdivision 2 - Judicial review that prohibits person from possessing a firearm.
- Minnesota Statute 299C.091 - Listed in the criminal gang investigation system.

Note: Federal laws, not listed herein, may also prohibit possession of a firearm for certain persons.

**I HEREBY STATE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I AM NOT PROHIBITED BY LAW FROM POSSESSING A FIREARM.**

**SIGNATURE:**

**DATE:**

**FOR OFFICE USE ONLY**

The Applicant must submit the following items with this application:

- A completed application form, signed and dated by the Applicant;
- An accurate photocopy of a certificate, affidavit, or other document that is submitted as the Applicant's evidence of training in the safe use of a pistol that meets the requirements of Minnesota Statute §624.714;
- An accurate photocopy of the Applicant's current driver's license, state identification card, or the photo page of the Applicant's passport.
- In addition to the other application materials, a person who is otherwise ineligible for a permit due to a criminal conviction but who has obtained a pardon or expungement setting aside the conviction, sealing the conviction, or otherwise restoring applicable rights, must submit a copy of the relevant order.

**NOTICE OF REVOCATION**

Permit, if granted, shall be void at the time the holder becomes prohibited from possession of a pistol under Minnesota Statutes, in which event the holder must immediately return the permit to the issuing Sheriff's Office.

**CHANGE OF ADDRESS/LOSS OR DESTRUCTION OF PERMIT**

Within 30 days after changing permanent address, or within 30 days of having lost or destroyed the permit card, the permit holder must notify the issuing Sheriff's Office of the change, loss, or destruction.

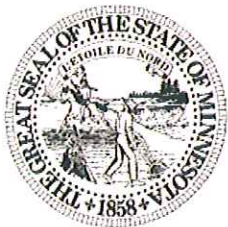
If card is lost or destroyed, permit holder must provide a notarized statement that the card has been lost or destroyed.

Failure to provide notification as required by this subdivision is a petty misdemeanor.

**DENIAL**

This application is denied based on the following reason(s):

\_\_\_\_\_  
Sheriff's Office



MINNESOTA UNIFORM FIREARM APPLICATION  
PERMIT TO CARRY A PISTOL

RECEIPT

| CHECK TYPE                                    |
|---|
| <input type="checkbox"/> NEW                  |
| <input type="checkbox"/> RENEWAL              |
| <input type="checkbox"/> PERSONAL DATA CHANGE |
| <input type="checkbox"/> REPLACEMENT          |
| <input type="checkbox"/> EMERGENCY            |

I HEREBY ACKNOWLEDGE ACCEPTANCE OF THE PERMIT TO CARRY APPLICATION OF:

\_\_\_\_\_  
(Name of Applicant)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Form of Payment \_\_\_\_\_

\_\_\_\_\_  
Signature of person accepting application

\_\_\_\_\_  
Issuing Sheriff's Office

**This receipt DOES NOT constitute a permit to carry a pistol.**