

Firearm Release Form

Anoka County Sheriff's Office
13301 Hanson Blvd NW, Andover MN 55304
Gun Permits Department
P: 763-324-5022 F: 763-324-5020



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

- Minnesota Statutes, §518B.01, subdivision 14 – Violation of an Order for Protection.
- Minnesota Statutes, §609.224, subdivision 3 – Assault in the 1st through 5th Degree with Firearm.
- Minnesota Statutes, §609.2242, subdivision 3 – Domestic Assaults with Firearms.
- Minnesota Statutes, §609.749, subdivision 8 – Harassment; Stalking; Firearms.
- Minnesota Statutes, §624.713, Certain persons not to possess firearms.
- Minnesota Statutes, §624.719, Possession of a firearm by non-resident alien.
- Minnesota Statutes, §629.715, subdivision 2 – Surrender of firearms as condition of release.
- Minnesota Statutes, §629.72, subdivision 2 – Judicial review that prohibits person from possessing a firearm.
- Minnesota Statutes, §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: _____

As a person seeking the release of a firearm from the Anoka County Sheriff's Office Property Room, you are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records, and warrant information to determine your eligibility to legally possess a firearm under Minnesota State Statutes and Federal Firearms Regulations. You are not required to agree to provide this information or consent to a background check. However, if you do not agree your request for the release of the firearm to you will be denied.

- Holds current permit to carry or purchase (Please provide copy of permit.)

I have read and understand the above requirement and consent to the requested checks

Printed full name: _____ DOB: _____

Maiden name or other names used: _____

Daytime phone number: _____

Signature: _____

Office Use Only

Case Number: _____

Approved By: _____ Date: _____