

CONCEALED WEAPON PERMIT APPLICATION

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS () Yes () No
 CITIZEN OF THE UNITED STATES () Yes () No
 18 YEARS OF AGE OR OLDER () Yes () No

PLEASE PRINT

Full name: _____
Last, First Middle

Alias/Maiden/Nickname: _____

Address: Home _____

City _____ State _____ Zip _____

PHONE: _____ / _____ / _____

Home Cell Work

Please Circle the Phone Number You Want Printed On the Card

E-mail address _____

Employer Name & Address _____
City _____ State _____ Zip _____

Place of Birth _____ Date of Birth: _____

Driver's License # _____ Issuing State _____

Social Security # _____ Sex _____

HT _____ WT _____ Hair _____ Eyes _____

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST 5 YEARS:

Employer or Business Name	Address	Dates of Employment
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST 5 YEARS:

City	State	Dates of residence
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Official Use ONLY:

RECEIVED BY: _____ DATE: _____

RECEIPT #: _____ AMOUNT: _____ CASH: _____ CHECK # _____

MILITARY SERVICE () YES, (complete service info) () NO

BRANCH _____ FROM _____ TO _____
TYPE OF DISCHARGE _____ RANK UPON DISCHARGE _____
HAVE YOU EVER BEEN FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? () YES () NO

HAVE YOU EVER BEEN **ARRESTED** FOR OR **CONVICTED** OF A CRIME? () YES () NO

This includes any citations/tickets issued (Except minor traffic violations)

IF YES, COMPLETE THE FOLLOWING (Attach additional sheet if necessary):

	City	State	Charge	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR **AT LEAST 5 YEARS** THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION

(DO NOT include relatives or present/past employers):

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT (Attach additional sheet if necessary):

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and is given with the full knowledge that any misstatement may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I authorize any person having information concerning me that relates to the information requested by this application and the requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

THIS APPLICATION MUST BE SIGNED IN THE PRESENCE OF THE SHERIFF OR HIS DESIGNEE.

Signature _____

Date of Application: _____

Your Application May Be Refused If Incomplete

*****MUST bring PHOTOCOPY (Front and Back) of your MT Driver's License, as well as Gun Safety class, DD214, or Hunter Safety Certificate. Payment of \$50 Cash or Check (EXACT CHANGE ONLY)**