

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 TYPE OR PRINT

Full name: _____
Last First Middle

Alias/Maiden/Nickname: _____

Physical Address: _____ City _____ Zip _____

Applicant's Phone Number(s): _____

Employer: _____

Employer Phone: _____

Place of Birth: _____ Date of Birth: _____

Driver's license no. _____ Issuing state: _____

Social Security no. (optional) _____

Sex _____ Ht. _____ Wt. _____ Eyes _____ Hair _____

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

1. _____ / _____ / _____ / _____
Employer/Business Name Address City Phone Employment Dates
2. _____ / _____ / _____ / _____
Employer/Business Name Address City Phone Employment Dates
3. _____ / _____ / _____ / _____
Employer/Business Name Address City Phone Employment Dates
4. _____ / _____ / _____ / _____
Employer/Business Name Address City Phone Employment Dates
5. _____ / _____ / _____ / _____
Employer/Business Name Address City Phone Employment Dates

New application _____ **Renewal** _____ **Expiration Date** _____

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

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

MILITARY SERVICE: () YES () NO

BRANCH: _____ DATES OF SERVICE: _____

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? () YES () NO
IF YES, COMPLETE THE FOLLOWING:

(Exceptions: minor traffic violations; attach additional sheet if necessary):

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

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)

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

In complete detail, please explain your reason(s) for requesting this permit:

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 Designee.

Print Name

Signature

Date of application

Sheriff or Designee Signature