

SHERIFF'S OFFICE



Rec. Date: _____

Paid: _____

F.P.:

Pic:

P/U Date: _____

CONGEALED WEAPONS PERMIT APPLICATION

Complete all items as accurately as possible

Check One:

RENEWAL

Home Phone: _____

NEW

Cell Phone : _____

Are you a citizen of the United States?

YES NO

Have you been a resident of the State of Montana for at least 6 months?

YES NO

Are you 18 years of age or older?

YES NO

Please Type Or Print Legibly

Full Name: Last: _____, First: _____, M: _____

List any Aliases/ Maiden or Nicknames: _____

Address: Home: _____
Physical Street/Location City/State/Zip

List Employer Name: _____

Address: _____
Physical Street/Location City/State/Zip

Place of Birth: _____, Date of Birth: _____
City/State Month/Day/Year

Drivers License No: _____, Expires: _____, Issuing State: _____

Social Security No: _____ - _____ - _____

Sex: M F Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

List all former employers or business activity for the last 5 years:

Employer or Business Name	Address	Dates Employed or in Operation
1.		
2.		
3.		
4.		
5.		
6.		

List each place in which you have lived for the last 5 years:

City	State	Dates
1.		
2.		
3.		
4.		
5.		

Military Service: Yes No Branch: _____ From: _____ to _____
 Type of Discharge: _____ Rank upon discharge: _____

Have you ever been arrested or convicted of a crime? Yes No
 Have you ever been tried or found guilty in a court-martial proceeding? Yes No

If yes, complete the following: (Exempt: minor traffic violations)

City	State	Charge	Disposition	Date

Explanation if necessary: _____

References: List at (3) references of persons with whom you have known for at least (5) years that will be credible witnesses to your character, disposition, etc. **Do not list relatives or present/past employers.*

Name	Address: street/city/state	Telephone/Cell Number

Please explain your reasons for requesting this permit. **Attach additional comments if necessary.*

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and given with the full knowledge that any misstatement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby 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.

Signature: _____ Date: _____
 Print Name: _____

This application must be signed in the presence of the Sheriff or his designee

OFFICE USE ONLY

_____ DATE RECEIVED _____ DATE: APPROVED DISAPPROVED