**Rec. Date: \_\_\_\_\_\_\_\_\_\_\_**

 **Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **F.P.:**

 **Pic:**

 **P/U Date: \_\_\_\_\_\_\_\_\_\_\_**

***Beaverhead County***

*Beaverhead County*

**CONCEALED WEAPONS PERMIT**

APPLICATION

*Complete all items as accurately and clearly as possible*

**Check One:**

* RENEWAL Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NEW Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* TRANSFER (WITHIN STATE OF MONTANA)

 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**

**Legal Full Name**: Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, M: \_\_\_\_\_\_\_\_\_\_\_\_

 **(AS LISTED ON DRIVERS LICENSE)**

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.***

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

***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***office use only***

***\_\_\_\_\_\_\_\_\_\_\_\_ ADMINISTRATIVE INITALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE*: approved disapproved**