

	City	State	Dates of Residence
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

MILITARY SERVICE, BRANCH _____ FROM _____ TO _____

TYPE OF DISCHARGE _____ RANK UPON DISCHARGE _____

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)

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

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST FIVE (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 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 of application

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

McCone County Additions

***ONLY NEEDED IF APPLYING IN McCONE COUNTY, MT**

Applicant Must Demonstrate Familiarity with a Firearm. Please check one:

Hunters Safety Course: # _____ When _____

Where _____

Other Firearms Training Course # _____ When _____ Where _____

Law Enforcement Firearm Training When _____

Department _____ Contact _____

Military Firearm Training (must produce evidence at time of application)

License to carry a firearm from another state that required completion of safety or training course to issue.
(bring license or permit with you at time of application)

Applicant requests to take a physical firearm familiarity test from Sheriff or designee.

Call to schedule appointment 485-3405

(This test must be completed BEFORE submitting your application.)

The following to be signed by the Sheriff if applicant requested to take a Firearm Familiarity Test, and has completed the requirements:

I certify that I have completed a physical firearm familiarity test with the above applicant in accordance with Montana Code Annotated 45-8-321 (5).

Sheriff or designee

Date

Permanent Resident Non-US Citizen:

Provide Permanent Resident Identification Card with photo

(have original available so a copy can be made for our file)

Provide something that proves Montana residency. MT ID card or DL or other paperwork.

Dispatcher run the ICE Alien Query in CJIN (IAQ) – Custody (N) Offense (**0399 immigration**)

REMARKS: **NICS Query Concealed Weapons**

According to M.C.A. 45-8-323, a permit to carry a concealed weapon may be revoked or its renewal denied by the sheriff of the county in which the permittee resides if circumstances arise that would require the sheriff to refuse to grant the permittee an original license. If any circumstances arise that requires the Sheriff to revoke the permit, by submitting the application, I am affirming that I will surrender the concealed weapons permit to any peace officer after notification by the Sheriff.

I _____ **McCone County Sheriff/Under Sheriff**

Approve Deny this application