STATE OF MONTANA 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:_____ Address: Home: Street City State Zip Employer: City Zip Street State Phone: Employer Message Place of Birth: Date of Birth Driver's License #:______ Issuing State_____ Social Security # Sex Ht._____ Wt.___ Hair___ Eyes____ 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 _____ _____ Contact _____ Department _____ 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 option could delay processing of the application until the test is complete.)

ARS	R OR BUSINES	SS ENGAGED	IN FOR THE I	LAST (5) FIVE	
Employer or Business Name	Address	Address		Dates of Employment	
ST EACH PLACE IN WHICH Y	OU HAVE LIV	ED FOR THE	LAST FIVE (5)	YEARS:	
City	State		Dates of Residence		
ILITARY SERVICE, BRANCH_				TO	
PE OF DISCHARGE					
AVE YOU EVER BEEN ARREST	TED FOR OR C	ONVICTED C	OF A CRIME O	R FOUND GUILT	
A COURT-MARTIAL PROCEE		,	\ /	NO	
YES, COMPLETE THE FOLLOW	ING (Exceptions	: minor traffic v	riolations)		
City	State	Charge		'""""""Date	
-		_			
ST THREE PERSONS WHOM Y ILL BE CREDIBLE WITNESSES SPOSITION (<u>DO NOT</u> include rela	S TO YOUR GO	OOD MORAL	CHARACTER		
Name	Address			Phone	

IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT:		
I, the undersigned applicant, swear that the foregoin	g information is true and correct to the best of my	
knowledge and belief and is given with the full knowledge	wledge 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	e information requested by this application and the	
	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	n the presence of the Sheriff or his designee	
The following to be signed if applican	t requested to take a Firearm Familiarity Test:	
I certify that I have completed a physical firearm far	miliarity test with the above applicant.	
Sheriff or designee	 Date	