

STATE OF MONTANA CONCEALED WEAPON PERMIT APPLICATION

RENEWAL ONLY

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

Phone: _____
Home

Place of Birth: _____ Date of Birth _____

Driver's License #: _____ Issuing State _____

Social Security # _____ Sex _____

Ht. _____ Wt. _____ Eyes _____ Hair _____

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 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 of application

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