

STATE OF MONTANA
CONCEALED WEAPON PERMIT APPLICATION

Incomplete applications will not be processed.

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 Legal Name: _____
Last First Middle (No Initials)

Full Birth Name: _____
(full name as it is written on your birth certificate)

Alias/Maiden/Married/Nicknames: _____

Address - Home: _____
Street City State Zip

Employer: _____
Name Street City State Zip

Phone: _____ / _____ / _____
Home # Employer # Cell #

Place Of Birth: _____ Date Of Birth: _____

Driver's License or State ID or Tribal ID #: _____ Issuing State or Tribal Government: _____

Social Security #: _____ Sex: _____ Race: _____
(**See footnote)

Height: _____ Weight: _____ Eyes: _____ Hair: _____

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST FIVE (5) YEARS:

Employer or Business Name	Address	Dates of Employment
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST FIVE (5) YEARS:

	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)

(Attach additional sheet if necessary)

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

LIST THREE PERSONS WHICH 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 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.

***In the processing of this application, a NICS records check is required. The designation of race is required for this check.

Incomplete applications will not be processed.

For Department Use Only

NICS Transaction Number _____

Approved _____ Denied _____

Date _____

Signed: _____

Sheriff