## STATE OF MONTANA CONCEALED WEAPON PERMIT APPLICATION

(\$50.00 Application Fee - Due upon submission of application)

( ) Yes

( ) Yes

) Yes

) No

) No

) No

Please bring copies of the following with this application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS

1. A valid Driver's License

Check one that applies:

2. A gun safety certificate conducted and approved by FWP (OR)

A certificate of completion of Law Enforcement Firearms Safety Course Military service firearms qualified Concealed weapon permit issued by another state

CITIZEN OF THE UNITED STATES

18 YEARS OF AGE OR OLDER

Full Name:						
	Last	Last		First	Middle	
Alias/Maiden/Nick	name:					
Address:						
Home	ə:					
	Street		City		State	Zip
Employer:_						· 
	Street		City		State	Zip
Phone:		/			/	
Hom	е	Employe	er ·		Message	
Place of Birth:		[	Date of Birt	h:		-
)river's License #:		Issuing State:			te:	
Social Security #:		Sex:	Hgt:	Wgt _	Eye:	Hair:

Employer or Business Nam	e 	Address	Employ	Dates of Employment		
st each place in whic	ch you have	lived for the last fi	ve (5) years:			
City		State	Date of Res	Date of Residence		
ilitary Service Branch			_	_		
			From	To		
			From Upon Discharge	To		
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ve you ever been arro YES ( ) NO Yes, Complete the followy	ested for or o	Rank convicted of a crime ptions: minor traffic Charge	t Upon Discharge or found guilty in a <b>C</b> violations. Attach add	<b>ourt-Martial</b> Proceeding		
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3.\_\_\_\_\_

In complete detail, please explain your reasons for requesting this permit. (Attach addition necessary):	al sheet if
I, the undersigned applicant, swear that the foregoing information is true and correct to the best knowledge and belief and is given with the full knowledge that any misstatement contained her sufficient cause for denial or revocation of the permit to carry a concealed weapon. I hereby a person having information concerning me that relates to the information requested by this application requirements for a concealed weapon permit, either public record or otherwise to further it to whom this application is made. I also understand and authorize a full criminal history will be myself, by the Sheriff's Office personnel, to help determine if I qualify for a Montana Concealed Permit.	rein may be uthorize any lication and to the sheriff run on
Applicant Signature	
Date of Application	
This application <u>must</u> be signed in the presence of the sheriff or his designee.	
Sheriff/Designee Signature	