

MISSOULA COUNTY SHERIFF'S DEPARTMENT  
CONCEALED WEAPONS PERMIT APPLICATION  
To be Completed by Each Person Making Application

RESIDENT OF MONTANA FOR AT LEAST SIX MONTHS? Yes \_\_\_ No \_\_\_  
CITIZEN OF THE UNITED STATES? Yes \_\_\_ No \_\_\_  
18 YEARS OF AGE OR OLDER? Yes \_\_\_ No \_\_\_

**PLEASE TYPE OR PRINT LEGIBLY**

LAST NAME:	FIRST NAME:	MIDDLE NAME:	JR.SR.	RACE:
ALIAS/MAIDEN/NICKNAME:		DRIVER'S LICENSE NUMBER:		ISSUING STATE:
PLACE OF BIRTH:		DATE OF BIRTH:	SOCIAL SECURITY NO.	
SEX:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:

**CURRENT ADDRESS**

ADDRESS: CITY: STATE & ZIP: PHONE:

1. \_\_\_\_\_

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

ADDRESS: CITY: STATE & ZIP:

2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

**CURRENT EMPLOYMENT**

1. **CURRENT** EMPLOYER OR BUSINESS NAME, ADDRESS, PHONE AND DATES OF EMPLOYMENT:

\_\_\_\_\_

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

ADDRESS: CITY: STATE & ZIP: PHONE:

2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST 5 YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION (DO NOT include relatives or present/past employers):

NAME MAILING ADDRESS DAYTIME PHONE

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**MILITARY SERVICE**

Have you ever served in the Armed Forces of the United States? Yes\_\_\_\_ No\_\_\_\_

If yes:

BRANCH:                      FROM                      TO                      TYPE OF DISCHARGE                      RANK AT DISCHARGE

\_\_\_\_\_

PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT (Attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.	_____	_____	_____	_____

(Attach additional sheet if necessary)

ARE ADDITIONAL SHEETS ATTACHED TO THIS APPLICATION? Yes\_\_\_\_ No\_\_\_\_

IF YES, HOW MANY? \_\_\_\_\_

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 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.

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
SIGNATURE OF APPLICANT

This application must be signed in the presence of the Sheriff or designee.