

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 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	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 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.

Signature

Date of Application

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