**STATE OF MONTANA, COUNTY OF FLATHEAD**

**CONCEALED WEAPON PERMIT APPLICATION**

**APPLICATIONS ARE ACCEPTED: TUESDAYS & THURSDAYS 10:00 AM - 2:00 PM**

**TO BE COMPLETED BY EACH PERSON MAKING APPLICATION:**

Resident of Montana at least 6 months? ( ) Yes ( ) No Year(s) Month(s)

18 Years of Age or Older? ( ) Yes ( ) No

Are you a U.S. Citizen? ( ) Yes ( ) No (if no you must provide a copy of Permanent Resident Card)

**ANSWERING “NO” TO ANY OF THE ABOVE QUESTIONS WILL DISQUALIFY YOU.**

Are you transferring from another County in Montana ( ) Yes ( ) No County:

**Please Type or Print**

Full Name:

 Last First Middle

Alias/Maiden/:

Physical Address:

 Street City State Zip

Mailing Address:

 Street City State Zip

Phone:

 Home Work Message / Cell

Employer:

 Name & Address City State Zip

Place of Birth (State): Date of Birth:

MT Driver’s License/ID#: Expiration Date

Social Security #: Race: Sex: Height: Weight: Hair: Eyes:

List each former employer or business engaged in for the last five (5) years:

Employer/Business Name Address **(complete)** Dates of Employment

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

List each place in which you have lived for the last five (5) years:

City State Dates of Residence

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

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**, please complete the following (Exceptions: minor traffic violations) Attach additional sheet if necessary:

City State Charge Date

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

List three persons whom you have known for at least five (5) years that will be credible witnesses to your good moral character and peaceable dispositions. (DO NOT INCLUDE RELATIVES OR PRESENT/PAST EMPLOYERS)

 Name Address **(provide complete mailing address)** Phone

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

Please explain your reason(s) for requesting this permit:

**STOP THIS MUST BE SIGNED IN FRONT OF THE SHERIFF OR PERSON DESIGNATED BY THE SHERIFF**

**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

**FOR OFFICE USE ONLY:**

ENTERED BY: PRINTED BY: NW BY: CHECKED BY: 9/2018