



STATE OF MONTANA, COUNTY OF FLATHEAD CONCEALED WEAPON PERMIT APPLICATION

WHICH CWP ARE YOU APPLYING FOR?

CWP APPLICATION TYPE New Application Renewal Transfer from another Montana County

TRANSFERRED FROM WHICH COUNTY? _____

EXPIRATION DATE OF CURRENT PERMIT _____

QUALIFYING QUESTIONS

ARE YOU A US CITIZEN? DATE OF BIRTH _____

HOW LONG HAVE YOU LIVED IN MONTANA? _____ YEARS _____ MONTHS

NAME

FIRST NAME _____ MIDDLE NAME _____

LAST NAME _____ MAIDEN/ALIAS NAME _____

RESIDENCY

PHYSICAL ADDRESS

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT INFO

PHONE NUMBER _____ PHONE TYPE _____ PHONE NUMBER 2 _____ PHONE TYPE _____

EMAIL ADDRESS _____

PERSONAL INFO

BIRTH STATE _____ BIRTH COUNTRY _____

RACE _____ SEX _____ HAIR _____ EYE COLOR _____ HEIGHT _____ FEET _____ INCHES _____ WEIGHT _____

IDENTITY FORMS

MT DRIVER'S LICENSE _____ LICENSE EXP DATE _____ SOCIAL SECURITY # _____

EMPLOYMENT

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

EMPLOYER 1

TITLE/NAME _____ ADDRESS _____ CITY _____

STATE - ZIP CODE _____ PHONE NUMBER _____ DATE STARTED _____ DATE ENDED _____

EMPLOYER 2

TITLE/NAME _____ ADDRESS _____ CITY _____

STATE - ZIP CODE _____ PHONE NUMBER _____ DATE STARTED _____ DATE ENDED _____

EMPLOYER 3

TITLE/NAME _____ ADDRESS _____ CITY _____

STATE - ZIP CODE _____ PHONE NUMBER _____ DATE STARTED _____ DATE ENDED _____

PAST RESIDENCES

List every place you have lived in the past five (5) years.

RESIDENCE 1

CITY _____ STATE - ZIP CODE _____ DATE STARTED _____ DATE ENDED _____

RESIDENCE 2

CITY _____ STATE - ZIP CODE _____ DATE STARTED _____ DATE ENDED _____

RESIDENCE 3

CITY _____ STATE - ZIP CODE _____ DATE STARTED _____ DATE ENDED _____

MILITARY SERVICE

MILITARY BRANCH _____ DATE STARTED _____ DATE ENDED _____ TYPE OF DISCHARGE _____ RANK AT DISCHARGE _____

CONVICTIONS

Complete the fields below. Attach additional sheet if necessary.

CONVICTION 1	CITY	STATE	DATE
CONVICTION 2	CITY	STATE	DATE
CONVICTION 3	CITY	STATE	DATE

REFERENCES

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. RELATIVES AND CURRENT OR PAST EMPLOYERS SHOULD NOT BE LISTED.

REFERENCE 1	FULL NAME	ADDRESS	
	CITY	STATE	ZIP CODE
REFERENCE 2	FULL NAME	ADDRESS	
	CITY	STATE	ZIP CODE
REFERENCE 3	FULL NAME	ADDRESS	
	CITY	STATE	ZIP CODE

ADDITIONAL INFORMATION

EXPLAIN WHY YOU ARE APPLYING FOR THIS PERMIT.



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

SIGNATURE

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.

FULL NAME	DATE
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