

LIST EACH FORMER PLACE OF RESIDENCE:

	Street	City	State	Zip
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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 (exception: minor traffic violations; attach additional sheets if necessary):

	City	State	Charge(s)	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 DISPOSITION. (Do not include relatives or present/past employers).

	Name	Street Address/City/State	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUIRING A CONCEALED WEAPON PERMIT. (Attach additional sheet(s) 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 contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby 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 or whom this application is made.

Applicant Signature Date

This application **MUST BE** signed in the presence of the Sheriff or his designee.

(Attach fingerprint card; copy of firearms training certification and drivers license)

Prepared by the Attorney General's Office, Helena, MT 59620-1401