



SHERIFF'S OFFICE

CIVIL DIVISION _____
 406 FULLER AVE., HELENA MT 59601 _____

CONCEALED WEAPONS PERMIT APPLICATION

Complete all items as accurately as possible

Check One:

- RENEWAL
- NEW
- TRANSFER (_____)
INDICATED NAME OF COUNTY IN WHICH PERMIT WAS ORIGINALLY ISSUED

Home Phone: _____
 Cell Phone : _____

- Are you a citizen of the United States? YES NO
- Have you been a resident of the State of Montana for at least 6 months? YES NO
- Are you 18 years of age or older? YES NO

Please Type Or Print Legibly

Full Name: Last: _____, First: _____, M: _____

List any Aliases/ Maiden or Nicknames: _____, _____, _____

Address: Home: _____, _____
Physical Street/Location City/State/Zip

o **Mailing Address:** Home: _____, _____
City/State/Zip

Place of Birth: _____, Date of Birth: _____
City/State Month/Day/Year

Driver's License No: _____, Expires: _____, Issuing State: _____

Optional- Social Security No: _____ - _____ - _____ Optional- Race: _____

Sex: M F **Height:** FT _____ IN _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

List all employers or business activity for the last 5 years:

Employer or Business Name	Address	Dates Employed or in Operation
1.		
2.		
3.		
4.		
5.		

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

City	State	Dates
1.		
2.		
3.		
4.		
5.		

Military Service: Yes No Branch: _____ From: _____ to _____
 Type of Discharge: _____ Rank upon discharge: _____

Have you ever been arrested or convicted of a crime? Yes No
 Have you ever been tried or found guilty in a court-martial proceeding? Yes No

If yes, complete the following: **(Exempt: minor traffic violations)**

City	State	Charge	Disposition	Date

Explanation if necessary: _____

References: List (3) 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 list relatives or present/past employers.*

Name	Address: street/city/state	Telephone/Cell Number

Please explain your reasons for requesting this permit. **Attach additional comments if necessary.*

****** This application must be signed in the presence of the Sheriff or his designee. Do not sign in advance ******

SHERIFF'S CIVIL DIVISION-406 FULLER AVENUE, HELENA MT 59601

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and 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 to whom this application is made.

DO NOT SIGN, this application must be signed in the presence of the Sheriff or his designee

Signature: _____ Date: _____
 Print Name: _____

OFFICE USE ONLY

_____ DATE RECEIVED