



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	_____	_____	_____	_____
6	_____	_____	_____	_____

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 relative or present/past employers):

	Name	Address	Phone
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

IN COMPLETE DETAIL PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT (Attached 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 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.

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

This application must be signed in the presence of the Sheriff or his designee.

This form made available by: Montana Shooting Sports Association, P.O. Box 4924, Missoula, Montana 59806

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_ DATE REC'D \_\_\_\_\_ DATE COPY TO POLICE

\_\_\_\_\_ DATE  APPROVED  DISAPPROVED