CONCEALED WEAPON PERMIT APPLICATION To be completed by each person making application

	T LEAST 6 MONTHS	□YES	\square NO		
CITIZEN OF THE UNITED S	TATES	□YES	\square NO		
18 YEARS OF AGE OR OLDE	ER .	□YES	\square NO		
PLEASE TYPE OR PRINT					
Full Name:					
Last	First			Middle	
Alias/Maiden/Nickname: Address:	or one of the party of the part				
Tiomer_		City	State	Zip	
Employer:					
		City	State	Zip	
Phone: Home	Employer		Message		
Home	Litiployei		Message		
Place of Birth:	Date of Birth:				
Driver's License #:	Issuing State:				
Social Security#:	Sex:				
		Hair:			
Ht: Wt:	Eyes:		Hair:		
Ht: Wt:	Eyes:		Hair:	14 Y 1 1	
Ht: Wt: LIST EACH FORMER EMPLO Employer or					
LIST EACH FORMER EMPLO Employer or Business Name	YER OR BUSINESS ENG		R THE LAST		
LIST EACH FORMER EMPLO Employer or Business Name 1	YER OR BUSINESS ENG		R THE LAST	5 YEARS:	
LIST EACH FORMER EMPLO Employer or Business Name 1	OYER OR BUSINESS ENG Address	SAGED IN FO	Dates of E	5 YEARS:	
LIST EACH FORMER EMPLO Employer or Business Name 1 2	Address	SAGED IN FO	Dates of E	5 YEARS:	
LIST EACH FORMER EMPLO Employer or Business Name 1	Address	SAGED IN FO	Dates of E	5 YEARS:	
LIST EACH FORMER EMPLO Employer or Business Name 1	Address	SAGED IN FO	Dates of E	5 YEARS:	
LIST EACH FORMER EMPLO Employer or Business Name 1	Address	SAGED IN FO	Dates of E	5 YEARS:	
LIST EACH FORMER EMPLO Employer or Business Name 1	Address	SAGED IN FO	Dates of E	5 YEARS:	
LIST EACH FORMER EMPLO Employer or Business Name 1	Address Address	GAGED IN FO	Dates of E	5 YEARS:	
LIST EACH FORMER EMPLO Employer or Business Name 1	Address Address	GAGED IN FO	Dates of E	5 YEARS: mployment	
LIST EACH FORMER EMPLO Employer or Business Name 1 2 3 4 5 6 LIST EACH PLACE IN WHIC	Address Address H YOU HAVE LIVED FOR	GAGED IN FO	Dates of E	5 YEARS: mployment	
LIST EACH FORMER EMPLO Employer or Business Name 1 2 3 4 5 6 LIST EACH PLACE IN WHIC City 1	Address Address H YOU HAVE LIVED FOR	GAGED IN FO	Dates of E	5 YEARS: mployment	
LIST EACH FORMER EMPLO Employer or Business Name 1	Address Address H YOU HAVE LIVED FOR	GAGED IN FO	Dates of E	5 YEARS: mployment	
LIST EACH FORMER EMPLO Employer or Business Name 1 2 3 4 5 6 LIST EACH PLACE IN WHIC City 1	Address Address H YOU HAVE LIVED FOR	GAGED IN FO	Dates of E	5 YEARS: mployment	

MILITARY SERVICE, BRA	NCH:		FROM	10	-0
TYPE OF DISCHARGE HAVE YOU EVER BEEN A		RAN	K UPON DISC	HARGE	_
					IN A
COURT - MARTIAL PROC					
IF YES, COMPETE THE FO	The state of the s	exceptions: mi	nor traffic viol	ations)	
(Attach additional sheet i	f necessary):				
City	State			Date	
12					_
2					_
3					_
4					_
5					_
6					_
LIST THREE PERSONS W CREDIBLE WITNESSES T (DO NOT include relative Name	HOM YOU HA O YOUR GOO	VE KNOWN FO D MORAL CHA ast employers)	OR AT LEAST ARACTER AND	5 YEARS THAT WILL	
1					983
2					
3					_
(Attached additional shee	,		***************************************		
I, the undersigned applic best of my knowledge an contained herein may be concealed weapon. I here relates to the information weapon permit, either puapplication is made.	d belief and is sufficient cau eby authorize requested by	s given with the use for denial of any person ha y this applicati	ne full knowled or revocation of aving information on and the re-	dge that any misstate of a permit to carry a tion concerning me th quirements for a con	ement hat cealed
Signature			X	Date of Application	_
This application must be This form made available by				is designee.	a 59806
FOR OFFIC	E USE ONLY	<u> – DO NOT V</u>	VRITE BELO	W THIS LINE	
	DATE REC'D			_ DATE COPY TO POI	LICE
	DATE □AF	PPROVED	□DISAPPR	OVED	