

NOTE: This application is for informational purposes only. Contact your local sheriff's office to obtain a formal permit application, which must be in triplicate.

SAMPLE CONCEALED WEAPON PERMIT APPLICATION

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS () Yes () No

CITIZEN OF THE UNITED STATES () Yes () No

18 YEARS OF AGE OR OLDER () Yes () No

PLEASE TYPE OR PRINT

Full name:

 Last First Middle

Alias/Maiden/Nickname:

Address: Home: Zip

Employer: Zip

Phone://

Home Employer Message

Place of birth:.....Date of birth:

Driver's license or State or Tribal ID #:

Issuing State or Tribal Government:

Social Security #:.....

Sex Ht. Wt. Eyes Hair

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST 5 YEARS:

Employer or business name Address Dates of employment

1.
2.
3.
4.
5.
6.

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST 5 YEARS:

City State Dates of residence

1.
2.
3.
4.
5.
6.

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.

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 relatives or
present/past employers):

Name Address Phone

1.
2.
3.

PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT
(Attach 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 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.

.....
Signature

.....
Date of application

This application must be signed in the presence of the sheriff or a designee.