



List each former employer or business engaged in for the last five (5) years:

Employer or Business Name	Address	Dates of Employment
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

List each place in which you have lived in the last five (5) years:

City	State	Date of Residence
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Military Service Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rank Upon Discharge \_\_\_\_\_

Have you ever been arrested or found guilty in a court martial proceeding? ( ) Yes ( ) No

Have you ever been **ARRESTED** and or **CHARGE** and or **CONVICTED** of a crime? ( ) Yes ( ) No  
*(Except Minor Traffic Violations)*

If *Yes*, Complete the following - (Attach additional sheet if necessary)

*Failure to disclose past incidents of crime could result in denial of application*

City	State	Charge	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

List three (3) people whom you have known for at least five (5) years that will be credible witnesses to your good moral character and peaceable disposition. **(This must be complete!!)**

**DO NOT** include relatives or present/past employers.

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

In complete detail, please explain your reasons for requesting this permit.  
*(Attach additional sheet if necessary):*

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**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 a misstatement contained herein may be sufficient cause for denial or revocation of the 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 further it to the sheriff to whom this application is made. I also understand and authorize a full criminal history will be run on myself, by the Sheriff Office personnel, to help determine if I qualify for a Montana Concealed Weapon Permit.**

***This application must be signed in the presence of the Sheriff or his Designee***

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Applicant Signature

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Date of Application

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Sheriff/Designee Signature