



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 for 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 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 (3) persons 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 any 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's Office personnel, to help determine if I qualify for a Montana Concealed Weapon's Permit.

\_\_\_\_\_  
Applicant Signature

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

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

\_\_\_\_\_  
Sheriff/Designee Signature