



STATE OF MONTANA, COUNTY OF BIG HORN
Concealed Weapons Permit Application

Incomplete Applications Will Not Be Processed.

**** PAYMENT ACCEPTED UPON THE APPROVAL OF THE PERMIT ****

To Be Completed by Applicant

	NEW	RENEWAL
		Exp. Date: _____
Resident of Montana for at least 6 months?	YES	NO
Citizen of the United States?	YES	NO
18 years of age or older?	YES	NO
Big Horn County Resident?	YES	NO If NO, what county: _____

PLEASE PRINT OR TYPE

Full Name: _____
Last First Middle

Alias/Maiden/Nickname: _____

Physical Address: _____
Street/Apt # City State Zip

Mailing Address: _____
Street/Apt # or PO Box City State Zip

Phone: _____ / _____ / _____
Home Message/Cell Work

Email Address: _____

Employer Name: _____

Employer Address: _____
Street City State Zip

Place of Birth: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____ Expires: _____

*Social Security #: _____ Race: _____

Will NOT appear on your permit, however it is required for your background check

Sex: _____ Hgt.: _____ FT _____ IN Wt.: _____ Hair: _____ Eyes: _____

Do you have firearms training? YES NO

Do you have Hunter's Education training? YES NO

If you do not have a certificate of completed training in either course you will be required to complete a firearms knowledge checklist with an officer to show them you have the proper knowledge to use a firearm.

MILITARY SERVICE

YES NO Branch: _____ From: _____ to _____

Type of Discharge: _____ Rank Upon Discharge: _____

LIST ALL EMPLOYERS OR BUSINESS ACTIVITY FOR THE PAST FIVE (5) YEARS:

Employer or Business Name Address Dates of Employment

- _____
- _____
- _____
- _____
- _____
- _____
- _____

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS:

City State Dates of Residence

- _____
- _____
- _____
- _____
- _____
- _____

THE FOLLOWING QUESTINGS ARE VERY SPECIFIC. ANY OMISSION OF ARRESTS AND/OR CONVICTIONS CAN RESULT IN DENIAL OF THE PERMIT.

(Exempt: Minor Traffic Violations)

Have you ever been arrested? YES NO

Have you ever been charged with any crime, Misdemeanor or Felony? YES NO

Have you ever been convicted or found guilty in a court-martial proceeding? YES NO

If you answered YES, complete the following (Attach additional sheet if necessary):

City State Charge Disposition Date

- _____

- _____
- _____
- _____
- _____

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. (DO NOT LIST RELATIVES OR PRESENT/PAST EMPLOYERS)

Name	Address – Street/City/State	Telephone Number
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 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.

If any circumstances arise that requires the Sheriff to revoke the permit, I will surrender the concealed weapons permit to any Peace Officer after written notification by the Sheriff.

I have read and understand all the above:

Signature

Date

<u>FOR OFFICIAL USE ONLY:</u>					
Received By: _____	Date: _____	Photo: Y N	Fingerprints: Y N		
Background Check: _____	Date: _____	Completed: _____	Date: _____		
Permit #: _____	NTN: _____	DOJ #: _____	Exp. Date: _____		