

**STATE OF MONTANA  
CONCEALED WEAPON PERMIT APPLICATION**

To be completed by each person making application:

**RESIDENT OF MONTANA AT LEAST 6 MONTHS  
CITIZEN OF THE UNITED STATES  
18 YEARS OF AGE OR OLDER**

( ) YES      ( ) NO  
( ) YES      ( ) NO  
( ) YES      ( ) NO

**PLEASE TYPE OR PRINT**

Full Name: \_\_\_\_\_

Alias/Maiden/Nickname: \_\_\_\_\_

Address: Home: \_\_\_\_\_  
   Street/P.O. Box      City      State      Zip

Employer: \_\_\_\_\_  
   Street/P.O. Box      City      State      Zip

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   Home      Employer      Message

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

**LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST FIVE (5) YEARS:**

Employer/Business	Address	Date of Employment
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**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 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 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 a permit to carry a concealed weapon. I hereby authorized any person having information concerning me that is related 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 his designee.**

## ACKNOWLEDGMENT

I, \_\_\_\_\_, an applicant for a concealed weapon permit, hereby acknowledge receipt of copies of statutes identified as 45-8-315, 45-8-321, 45-8-323, 45-8-324, 45-8-325, 45-8-326, 45-8-327, and 45-8-328 of the Montana Code Annotated. I further acknowledge that I have been advised that a concealed weapon permit issued in Montana may not have any validity in another state and that possession of a concealed weapon permit does not authorize me to possess a weapon, concealed or otherwise, in places where possession of a weapon is restricted or under circumstances where possession of a weapon is restricted. Such situations include, but are not limited to airports, courthouses, and other situations such as specifically mentioned in 45-8-327 and 45-8-328. I have been advised that I have a personal responsibility to ascertain whether restrictions against possession of a weapon exist as to various locations governed by federal or other laws and that I am solely responsible for actions of mine which violate various laws related to weapons. I understand that possession of a concealed weapon permit may actually increase my responsibility, in the eyes of a court, to comply with various laws related to weapons.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a Notary Public for the State of Montana, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to this instrument, and acknowledge to me that he/she executed the same.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my notarial seal, the day and year first above written

\_\_\_\_\_  
Notary Public for the State of Montana

Residing at: \_\_\_\_\_

My Commission expires: \_\_\_\_\_