



LIST EACH PLACE WHICH YOU HAVE LIVED FOR THE LAST FIVE (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: (EXCEPTION: Minor Traffic Violations)  
(Attach additional sheets if necessary)

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

LIST THREE (3) PERSONS WHOM YOU HAVE KNOW 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.	_____	_____	_____



FALLON COUNTY CONCEALED WEAPON  
AFFIDAVIT  
OF TRAINING AND PROFICIENCY

AS A CONDITION FOR APPLYING FOR A CONCEALED WEAPON PERMIT THE  
UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE:

- \_\_\_\_\_ 1. Completed a Hunter Safety Course approved or conducted by Montana FWP or a similar agency of another state.
  
- \_\_\_\_\_ 2. Completed a Firearms Safety Course or training course approved or conducted by Montana FWP, a similar agency of another state, a National Firearms Association, a Law Enforcement Agency, an Institution of Higher Education, or an organization that uses instructors certified by a National Firearms Association.
  
- \_\_\_\_\_ 3. Completed a Law Enforcement Firearms Safety or training course offered to or required of public or private law enforcement personnel and conducted or approved by a law enforcement agency.
  
- \_\_\_\_\_ 4. Possession of a license from another state to carry a firearm, concealed or otherwise, that is granted by that state upon completion of a similar course to those above.
  
- \_\_\_\_\_ 5. Evidence that during Military Service, the applicant was found to be qualified to operate firearms, including handguns.

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

\_\_\_\_\_  
Date