## STATE OF MONTANA CONCEALED WEAPON PERMIT APPLICATION

To be completed by each person making an application:

•	' '	S	• • •					
	RESIDENT (	OF MONTANA A	T LEAST 6 I	MONTHS	(	) Yes	(	) No
		CITIZEN OF	THE UNITED	O STATES	(	) Yes	(	) No
		18 YEARS OF	AGE OR O	LDER	(	) Yes	(	) No
ARE YOU A M	IEDICAL MARIJ	IUANA CARD HO	OLDER OR A	PROVIDER	(	) Yes	(	) No
PLEASE TYPE OR	<u> PRINT:</u>							
Full Name:								
	Last		First			Mic	ddle	
Alias/Maiden/Nick	name:							
Address: Home:								
Dhono	Street			State		•		
Phone:		Empl	oyer		Ce	 :II		_
Place of Birth:				Date of	Birt	h:		
Driver's License #:				Issuing S	State	e:		
Social Security #: _				Sex:				
Ht:				Hair:				
Employer o Business Na  1  2  3  4  5.	or ame	Add		OR THE LAS	T F	Date	YEAR es of oloyme	
J								

	City		State	Dates of Residence
1.				
5.				
MILIT	ARY SERVICE, B	RANCH		FROM TO
TYPE	OF DISCHARGE		RANK UPOI	N DISCHARGE
	S, COMPLETE TH	IE FOLLOWING	OURT MARTIAL PROCEGE  G: (EXCEPTION: Minual sheets if necessary	•
	City	State	Charge	Date
1.				
3.				
4.				
5.				
6.				
THAT	WILL BE CREDIE	BLE WITNESSE	ES TO YOUR GOOD M	AT LEAST FIVE (5) YEARS ORAL CHARACTER AND r present/past employers
	Name		Address	Phone #
1.				
2.				
3.				

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

IN COMPLETE DETAIL PLEASE EXPLAIN YOU F	REASONS FOR REQUESTING THIS
PERMIT: (Attach addition sheet if necessary)	
I, the undersigned applicant, swear that the correct to the best of my knowledge and beliknowledge that any misstatement contained denial or revocation of a permit to carry a coany person having information concerning morequested by this application and the require permit, either public record or otherwise, to application is made.  This application must be signed in the present	ief and is given with the full I herein may be sufficient cause for encealed weapon. I hereby authorize he that relates to the information ements for a concealed weapon furnish it to the sheriff to whom this
	Signature
	Date of application

Prepared by the Attorney General's Office, Helena, Montana 59620-1401

## 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