



CONCEALED WEAPON PERMIT RENEWAL APPLICATION
MISSOULA COUNTY SHERIFF'S OFFICE
(PLEASE PRINT)

NAME: _____
(LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER: _____-_____-_____

MT DRIVER'S LICENSE NUMBER: _____

HOME ADDRESS: _____
(PHYSICAL ADDRESS, CITY, STATE AND ZIP)

MAILING ADDRESS: _____
(IF DIFFERENT FROM HOME ADDRESS)

TELEPHONE NUMBER: _____-_____-_____

PLACE OF BIRTH: _____
(CITY, STATE)

BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____

My concealed weapon permit expires on _____

I attest, nothing has occurred that causes me to be ineligible for a CWP.

Signature: _____ Date: _____

FOR SHERIFF'S USE ONLY:

Approve:

Date:

Deny:

Date:

Reason for Denial:

Date: