



MISSOULA COUNTY SHERIFF'S OFFICE  
CONCEALED WEAPON PERMIT APPLICATION

RESIDENT OF MISSOULA COUNTY AT LEAST 6 MONTHS YES \_\_\_ NO \_\_\_

CITIZEN OF THE UNITED STATES **OR**

PERMANENT LAWFUL RESIDENT YES \_\_\_ NO \_\_\_

18 YEARS OF AGE OR OLDER YES \_\_\_ NO \_\_\_

FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS/MAIDEN/NICKNAME \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(FULL PHYSICAL ADDRESS INCLUDING STREET, CITY, STATE, ZIP)

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM HOME ADDRESS)

PHONE: \_\_\_\_\_ / \_\_\_\_\_  
(HOME) (CELL)

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_  
(FULL PHYSICAL ADDRESS INCLUDING CITY, STATE, ZIP)

EMPLOYER'S PHONE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SEX \_\_\_\_\_ HGT. \_\_\_\_\_ WT. \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_

LIST EACH EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST 5 YEARS:

EMPLOYER OR BUSINESS NAME	ADDRESS	DATES OF EMPLOYMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST 5 YEARS:

City	State	Dates Of Residence
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

MILITARY SERVICE, BRANCH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
TYPE OF DISCHARGE \_\_\_\_\_ RANK UPON DISCHARGE \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR A CRIME? ( ) YES( ) NO  
HAVE YOU EVER BEEN CONVICTED OF A CRIME? ( ) YES( ) NO

IF YES, COMPLETE THE FOLLOWING (Attach additional sheet if necessary):

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

HAVE YOU EVER BEEN FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? ( ) YES( ) NO

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST 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. _____	_____	_____

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 may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I 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.

***This application must be signed in the presence of the sheriff or a designee.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Of Application

**MISSOULA COUNTY SHERIFF'S OFFICE  
CONCEALED WEAPONS PERMIT PERSONAL REFERENCE QUESTIONNAIRE**

Completing this reference questionnaire is voluntary and optional, but may help expedite processing of the applicant's concealed weapons permit paperwork.

DATE: \_\_\_\_\_

NAME OF CWP APPLICANT: \_\_\_\_\_

NAME, ADDRESS AND DAYTIME PHONE NUMBER OF PERSON COMPLETING  
QUESTIONNAIRE:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(DAYTIME PHONE NUMBER)

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

2. ARE YOU A RELATIVE OR PRESENT PAST EMPLOYER OF THE APPLICANT?

\_\_\_\_\_

3. DO YOU RECOMMEND THAT THE APPLICANT RECEIVE A CONCEALED  
WEAPONS PERMIT? \_\_\_\_\_

4. PLEASE EXPLAIN WHY OR WHY NOT (REFERENCE QUESTION 3). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING THIS QUESTIONNAIRE

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(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(DAYTIME PHONE NUMBER)

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\_\_\_\_\_

3. DO YOU RECOMMEND THAT THE APPLICANT RECEIVE A CONCEALED WEAPONS PERMIT? \_\_\_\_\_

4. PLEASE EXPLAIN WHY OR WHY NOT (REFERENCE QUESTION 3). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
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