STATE OF MISSOURI COUNTY OF _______

NAME (LAST, FIRST, MIDDLE):			DAYTIME PHONE (INCLUDE AREA CODE)	
TE OF BIRTH (mm/dd/yyyy):	PLACE OF BIRTH:		GENDER:	
TIE OF BIKTIT (IIIII) da, yyyy).	USA OTH	EXPLAIN:	GENDER.	
SIDENCE ADDRESS:				
ГҮ:		STATE:	ZIP CODE:	
OUNTRY OF CITIZENSHIP:		ALIEN OR ADMISS	SION NUMBER:	
FFIRMATION				
hereby affirm the following	ng:			
I have assumed residency	v in Missouri: or I am a me	nber of the armed forces stationed in N	Missouri; or I am a spouse of such a membe	
the armed forces;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,	,	
I am a citizen or perman	ent resident of the United S	ates;		
	ars of age; or I am eightee om the United States Armed	years of age or older and a member of Forces;	f the United States Armed Forces or	
state or of the United Sta	tes other than a crime clas		m exceeding one year under the laws of any s of any state and punishable by a term of arm silencer or gas gun;	
violence within a five-yea misdemeanor offenses in	r period immediately prece volving driving while unde	ling application for a permit and I hav	nore misdemeanor offenses involving crimes ve not been convicted of two or more drugs or the possession or abuse of a contro	
imprisonment for a term misdemeanor under the	exceeding one year under	he laws of any state or of the United St nable by a term of imprisonment of two	he commission of a crime punishable by tates other than a crime classified as a o years or less that does not involve an	
I have not been discharge	ed under dishonorable cond	tions from the United States Armed Foi	rces;	
to a mental health facilit	v, as defined in section 632 te pursuant to chapter 632	005 or a similar institution located in a	or to application, or have not been committe another state or that my release or discharg n another state, occurred more than five yed	
l affirm that I have rece section 1 or 2 of section		ing that meets the standards of appl	licant firearms safety training defined in	
To the best of my knowle	dge and belief, I am not a	espondent of a valid full order of prote	ction that is still in effect.	
	of RSMo section 571.1	1 and acknowledge that false sta	nce with each of the requirements atements made by me will result in	
		DATE (mm/dd/yyyy):		
APPLICANT SIGNATURE:				
APPLICANT SIGNATURE:				