

**STATE OF MONTANA
CONCEALED WEAPON PERMIT APPLICATION**

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS () Yes () No
 CITIZEN OF THE UNITED STATES () Yes () No
 18 YEARS OF AGE OR OLDER () Yes () No

PLEASE TYPE OR PRINT

Full Legal Name: _____
Last
First
Middle (No Initials)

Alias/Maiden/Married/Nicknames: _____

Address - Home: _____
Street
City
State
Zip

Employer: _____
Name
Street
City
State
Zip

Phone: _____ / _____ / _____
Home #
Employer #
Cell #

Place Of Birth: _____ Date Of Birth: _____

Driver's License or State ID or Tribal ID #: _____ Issuing State or Tribal Government: _____

Social Security #: _____ Sex: _____ Race: _____
(**See footnote)

Height: _____ Weight: _____ Eyes: _____ Hair: _____

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST FIVE (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 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 (Exceptions: Minor Traffic Violations)

(Attach additional sheet if necessary)

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

LIST THREE PERSONS WHICH YOU HAVE KNOWN 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.	_____	_____	_____

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

Signature

Date of Application

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

***In the processing of this application, a NICS records check is required. The designation of race is required for this check.

Incomplete applications will not be processed.

CRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a criminal justice purpose (such as employment, direct access to confidential criminal justice information, or unescorted physical access), you have certain rights which are discussed below

- You must be provided written notification by Chouteau County Sheriff's Office that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of the federal statute, regulation or executive order, or rule, procedure or standard establishment by the National Crime Prevention and Privacy Compact Council.

You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks>.

If you decided to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same web address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request that agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make and necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)

If a change, correction. Or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Crime Records and Identification Services at doicriss@mt.gov or [406-444-3625](tel:406-444-3625).

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for criminal justice purposes.

NAME

DATE

For Department Use Only

NICS Transaction Number _____

Approved _____ Denied _____ Date _____

Payment Type _____ Amount _____

Signed: _____

Sheriff