

CUSTER COUNTY SHERIFF'S OFFICE
1010 MAIN STREET
MILES CITY, MONTANA 59301

RESIDENT OF MONTANA AT LEAST 6 MONTHS: YES NO
CITIZEN OF THE UNITED STATES: YES NO
18 YEARS OF AGE: YES NO

PLEASE TYPE OR PRINT:

FULL NAME: _____
LAST FIRST MIDDLE

ALIAS/MAIDEN/ NICKNAME: _____

STREET ADDRESS: _____ P.O. BOX _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ MESSAGE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____ SEX: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE # _____ STATE: _____ EXPIRATION: _____

EMPLOYER: _____ ADDRESS: _____ PHONE: _____

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

EMPLOYER	ADDRESS	DATES EMPLOYED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

LIST EACH PLACE YOU HAVE LIVED IN THE LAST 5 YEARS.

CITY	ADDRESS	DATES OF RESIDENCE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

MILITARY SERVICE BRANCH _____ FROM: _____ TO: _____

TYPE OF DISCHARGE: _____ RANK UPON DISCHARGE: _____

HAVE YOU EVER BEEN FOUND GUILTY IN A COURT MARTIAL PROCEEDING: YES NO

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME: YES NO
IF YES, COMPLETE THE FOLLOWING (EXCEPTIONS: MINOR TRAFFIC VIOLATIONS)

	CITY	STATE	CHARGE	DATE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST 5 YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSTION. (DO NOT INCLUDE RELATIVES OR PRESENT/PAST EMPLOYERS):

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IN COMPLETE DETAIL, 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 RECORDS OR OTHERWISE, TO FURNISH THE SHERIFF TO WHOM THIS APPLICATION IS MADE.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

(TO BE SIGNED IN THE PRESENCE OF THE SHERIFF OR HIS DESIGNEE)

**CUSTER COUNTY CONCEALED WEAPON APPLICATION
AFFIDAVIT
OF TRAINING AND PROFICIENCY**

DATE: _____

As a condition for applying for a concealed weapon permit the undersigned hereby certifies that they have: (Mark which applies)

_____ 1. Completed a Hunter Safety Course Approved or Conducted by Montana Fish Wildlife and Parks, or a Similar Agency of another state. (There is a Course on line through FWP, that may be taken at this time.)

_____ 2. Completed a Firearms Safety 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 the 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: _____