

Office of the

MADISON COUNTY SHERIFF / CORONER



Sheriff Duncan Hedges / Undersheriff Craig Schroder

5 Placer Loop P.O. Box 276 Virginia City, Montana 59755
Phone (406) 843-5301 Fax (406) 843-5351



Enhanced Concealed Weapon Permit APPLICATION

Fill in all items as accurately & completely as possible
Omissions could entail denied application

Check One:

Phone: _____

- ENHANCED
TEMPORARY RESTRICTED ENHANCED (Under 21)

- Are you a citizen of the United States? [] YES [] NO
Have you been a resident of the State of Montana for at least 6 months? [] YES [] NO
Are you 18 years of age or older? [] YES [] NO

Please Type Or Print Legibly

Full Name: Last: _____, First: _____, M: _____

List any Aliases/ Maiden or Nicknames: _____, _____, _____

Address: Home: _____, _____
Physical Street/Location City/State/Zip

Mailing Address: _____, _____
City/State/Zip

Place of Birth: _____, Date of Birth: _____
City/State Month/Day/Year

Driver's License No: _____, Expires: _____, Issuing State: _____

Social Security No: _____ - _____ - _____ Race: _____

Sex: [] M [] F Height: FT _____ IN _____ Weight: _____ Hair Color: _____ Eye Color: _____

List ALL employers or business activity for the last 5 years:

Table with 3 columns: Employer or Business Name, City, State, Phone Number, Dates Employed or in Operation. Rows 1-5.

List each place in which you have lived for the last 5 years:

Table with 3 columns: Address, City / State, Dates. Rows 1-5.

Military Service: Yes No Branch: _____ From: _____ to _____
 Type of Discharge: _____ Rank upon discharge: _____

-Have you ever been **arrested or convicted** of a crime? Yes No
 -Have you ever been tried or found guilty in a court-martial proceeding? Yes No

If yes, complete the following. Omissions could entail denied application: (Exempt: minor traffic violations)

City	State	Charge	Disposition	Date

Explanation if necessary: _____

References: List (3) 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 list relatives or present/past employers.*

Name	Address: street / city / state / ZIP	Telephone/Cell Number

Please explain your reasons for requesting this permit below. **Attach additional comments if necessary.*

***** This application must be signed in the presence of the Sheriff or his designee. Do not sign in advance *****

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and 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 a fingerprint background check and 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.

*****DO NOT SIGN, this application must be signed in the presence of the Sheriff or his designee.*****

Signature: _____ **Date:** _____

Print Name: _____