



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

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Dates of residence
2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Dates of residence
3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Dates of residence
4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Dates of residence
5. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Dates of residence

MILITARY SERVICE: ( ) YES ( ) NO BRANCH: \_\_\_\_\_  
DATES OF SERVICE: \_\_\_\_\_

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):

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Charge Date
2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Charge Date
3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Charge Date
4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Charge Date
- 5.. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Charge Date

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)

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Phone
2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Phone
3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Phone

In complete detail, please explain your reason(s) for requesting this permit:

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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 Designee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of application