STATE OF MISSOURI COUNTY OF _______

CONCEALED CARRY PERM	IIT APPLICATION					
NAME (LAST FIRST MIDDLE).						
NAME (LAST, FIRST, MIDDLE):				DAYTIME PHONE (INCLUDE AREA COD	DE)
DATE OF BIRTH (mm/dd/yyyy):	PLACE OF BIRTH: ☐ USA ☐ OTH	ER EXPLAIN:			GENDER: ☐MALE	FEMALE
RESIDENCE ADDRESS:						
CITY:			STATE:	ZIP CODE:		
COUNTRY OF CITIZENSHIP:		ALIEN OR ADMISSION NUMBER:				
AFFIRMATION						
I hereby affirm the following:						
• I have assumed residency in the armed forces;	Missouri; or I am a mo	ember of the armed forces	stationed in N	lissouri; or I am a spo	ouse of such a n	nember of
		_				
I am a citizen or permanent	•					
 I am at least nineteen years honorably discharged from t 			l a member of	the United States Arn	ned Forces or	
 I have not pled guilty to or be state or of the United States imprisonment of two years o 	other than a crime cla	ssified as a misdemeanor u	inder the laws	of any state and puni	ishable by a ter	
 I have not been convicted of, violence within a five-year per misdemeanor offenses involved substance with-in a five-year 	riod immediately precing driving while unde	eding application for a per or the influence of intoxicat	mit and I hav ing liquor or d	e not been convicted o	of two or more	•
 I am not a fugitive from just imprisonment for a term exc misdemeanor under the laws explosive weapon, firearm, f 	eeding one year under s of any state and puni	the laws of any state or of shable by a term of impris	the United St	ates other than a crim	ne classified as i	a
 I have not been discharged u 	nder dishonorable con	ditions from the United Sta	tes Armed For	rces;		
 I am not adjudged mentally is to a mental health facility, as from a facility in this state p ago without subsequent reco 	s defined in section 632 ursuant to chapter 632	2.005 or a similar institutio	n located in a	nother state or that m	y release or dis	charge
 affirm that have received section or 2 of section 57 		ning that meets the stand	lards of appl	icant firearms safety	training defin	<u>ed in</u>
To the best of my knowledge	and belief, I am not a	respondent of a valid full c	erder of protec	ction that is still in effe	ect.	
I hereby sign under oath and specified in subsection 2 of prosecution for perjury purs	RSMo section 571.1	01 and acknowledge t				
APPLICANT SIGNATURE:		DATE (mm	/dd/yyyy):			
X						
SHERIFF (SHERIFF'S DESIGNE	E) SIGNATURE:	DATE (mm	ı/dd/yyyy):			
PRINTED NAME (last first mid	dla)					