

**STATE OF MISSOURI
COUNTY OF WARREN
CONCEALED CARRY PERMIT APPLICATION**

NAME (LAST, FIRST, MIDDLE):			DAYTIME PHONE (INCLUDE AREA CODE)		
DATE OF BIRTH (mm/dd/yyyy):		PLACE OF BIRTH: <input type="checkbox"/> USA <input type="checkbox"/> OTHER EXPLAIN:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		
RESIDENCE ADDRESS:					
CITY:			STATE:	ZIP CODE:	
COUNTRY OF CITIZENSHIP:			PERMANENT RESIDENT NUMBER:		

AFFIRMATION

I hereby affirm the following:

- *I am currently a resident of the State of Missouri; I am a member of the armed forces of the United States of America stationed in the State of Missouri; or I am a spouse of a member of the armed forces of the United States of America stationed in the State of Missouri;*
- *I am a citizen or permanent resident of the United States;*
- *I am at least nineteen years of age, or I am at least eighteen years of age or older and a member of the United States Armed Forces or honorably discharged from the United States Armed Forces;*
- *I have not pled guilty to or been convicted of a crime punishable by imprisonment for a term exceeding one year under the laws of any state or of the United States other than a crime classified as a misdemeanor under the laws of any state and punishable by a term of imprisonment of two years or less that does not involve an explosive weapon, firearm, firearm silencer or gas gun;*
- *I have not been convicted of, pled guilty to, or entered a plea of nolo contendere to one or more misdemeanor offenses involving crimes of violence within a five-year period immediately preceding application for a permit and I have not been convicted to two or more misdemeanor offenses involving driving while under the influence of intoxicating liquor or drugs or the possession or abuse of a controlled substance within a five-year period immediately preceding application for a permit;*
- *I am not a fugitive from justice or currently charged in an information or indictment with the commission of a crime punishable by imprisonment for a term exceeding one year under the laws of any state or of the United States other than a crime classified as a misdemeanor under the laws of any state and punishable by a term of imprisonment of two years or less that does not involve an explosive weapon, firearm, firearm silencer or gas gun;*
- *I have not been discharged under dishonorable conditions from the United States Armed Forces;*
- *I am not adjudged mentally incompetent at the time of this application or for five years prior to application, or have not been committed to a mental health facility, as defined in section 632.005 or a similar institution located in another state or that my release or discharge from a facility in this state pursuant to chapter 632, or a similar discharge from a facility in another state, occurred more than five years ago without subsequent recommitment;*
- *I have received firearms safety training that meets the standards of applicant firearms safety training defined in section 1 or 2 of section 571.1111, RSMo; and*
- *I, to the best of my knowledge and belief, am not a respondent of a valid full order of protection that is still in effect.*

I swear/affirm that the information contained in this Concealed Carry Permit application is true and accurate to the best of my knowledge and acknowledge that false statements made by me will result in prosecution for perjury pursuant to the laws of the state of Missouri.

X _____
APPLICANT SIGNATURE:

DATE (mm/dd/yyyy):

X _____
WITNESS (SHERIFF'S DESIGNEE) SIGNATURE:

DATE (mm/dd/yyyy):