STATE OF MISSOURI COUNTY OF ______

ONCEALED CARRY PERMI	ATEICATION			·			
NAME (LAST, FIRST, MIDDLE):				DAYTIME PHONE (I	DAYTIME PHONE (INCLUDE AREA CODE)		
DATE OF BIRTH (mm/dd/yyyy): PLACE OF BIRTH: USA OTHER EXPLAIN:				GENDER: ☐MALE ☐FEMALE			
SIDENCE ADDRESS:							
CITY:			STATE:	ZIP CODE:			
UNTRY OF CITIZENSHIP:		PERMANENT RESII	ESIDENT NUMBER:				
FIRMATION							
nereby affirm the following:							
I have assumed residency in M the armed forces;	ssouri; or I am a member	r of the armed forces	stationed in M	lissouri; or I am a spo	ouse of such a n	nember of	
l am a citizen or permanent re	sident of the United States	;					
I am at least nineteen years of honorably discharged from the			l a member of	the United States Arn	ned Forces or		
I have not pled guilty to or bee state or of the United States ot imprisonment of two years or	her than a crime classified	d as a misdemeanor i	inder the laws	of any state and puni	ishable by a ter		
I have not been convicted of, p violence within a five-year peri misdemeanor offenses involvir substance with-in a five-year p	od immediately preceding g driving while under the	application for a per influence of intoxicat	mit and I having liquor or a	e not been convicted to	o two or more	•	
I am not a fugitive from justice imprisonment for a term excee misdemeanor under the laws o explosive weapon, firearm, fire	eding one year under the le of any state and punishable	aws of any state or of e by a term of impris	the United St	ates other than a crim	ne classified as a	a	
I have not been discharged und	ler dishonorable condition	s from the United Sta	tes Armed For	ces;			
I am not adjudged mentally ind to a mental health facility, as o from a facility in this state pur ago without subsequent recom	lefined in section 632.005 suant to chapter 632, or a	or a similar institution	n located in a	nother state or that m	y release or dis	charge	
I have received firearms safety 571.1111, RSMo;	training that meets the si	tandards of applicant	firearms safe	ety training defined in	section 1 or 2 c	of section	
To the best of my knowledge a	nd belief, I am not a respo	ondent of a valid full o	rder of protec	ction that is still in effe	ect.		
nereby sign under oath and pecified in subsection 2 of R cosecution for perjury pursu	SMo section 571.101 a	nd acknowledge t					
APPLICANT SIGNATURE:	DATE (mm	/dd/yyyy):					
SHERIFF (SHERIFF'S DESIGNEE)	SIGNATURE:	DATE (mn	ı/dd/yyyy):				
PRINTED NAME (last, first, middle							