## STATE OF MISSOURI COUNTY OF CALDWELL CONCEALED CARRY PERMIT APPLICATION PERMIT RENEWAL REQUEST

NAME (LAST, FIRST, MIDDLE):						NE (INCLUDE AR	EA CODE)	
						GENDER:		
	E OF BIRTH:	USA OTH		LAIN:			MALE FEMALE	
RES	IDENCE ADDRESS:							
CITY:			STA	TE:	ZIP CODE:			
cοι	JNTRY OF CITIZENSHI	P:	ALIE	ALIEN OR ADMISSION NUMBER:				
AFF	IRMATION							
	reby affirm the followir	-						
	I have assumed residency in Missouri; or I am a member of the armed forces stationed in Missouri; or I am a spouse of such a member of the armed forces;							
•	l am a citizen or permane	ent resident of the United St	ates:					
				ember of the	e linited States Arn	ned Forces or		
	I am at least nineteen years of age; or I am 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;							
•	violence within a five-year period immediately preceding application for a permit and I have not been convicted of 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 with-in a five-y	ear period immediately pre	ceding application for a carry	permit;				
	l 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 l		hable by a term of imprisonme					
			itions from the United States A	rmed 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							
	from a facility in this stat ago without subsequent r		or a similar discharge from a	facility in an	nother state, occurr	red more than fiv	e years	
			ing that meets the standards	of applicar	nt firearms safety	training defined	<u>d in</u>	
	section 1 or 2 of section	<u>571.111, RSMo;</u>						
•	To the best of my knowled	dge and belief, I am not a r	espondent of a valid full order	of protection	n that is still in effe	ect.		
			s of perjury that I am in co )1 and acknowledge that f					
		ursuant to the laws of t			,	5 Year Per		
X	PPLICANT SIGNATURE:					Jicarrer		
Α	PPLICANT SIGNATURE:		DATE (mm/dd/yy	<i>(</i> <b>yy</b> ):		10 Year Pe	rmit	
<b>X</b> _						25 Year Pe	rmit	
S	HERIFF (SHERIFF'S DESIG		DATE (mm/dd/y	ууу):			_	
	RINTED NAME (last, first, i	middle)				Lifetime Pe	ermit	
P	NINTED NAME (last, first, l	muule)						