

LOCAL POLICE CHECK NEEDED FOR CONCEALED WEAPONS PERMIT

NAME LAST FIRST MI SOC. SEC.

RESIDENCE OF APPLICANT (STREET, CITY, STATE, ZIP) M. F. SEX

TOWNSHIP OR BORO HOME PHONE # DATE OF BIRTH

MONTGOMERY COUNTY SHERIFF'S DEPARTMENT

THIS INFORMATION TO BE PROVIDED BY POLICE

Department Stamp

Address correct _____

Applicant has resided in this Bailiwick _____ yrs.

Applicant is not known to this Dept. _____

Authorized signature

Arrest record/Contacts comments