

STATE OF MISSOURI  
 COUNTY OF LINN  
 CONCEALED CARRY PERMIT APPLICATION  
**PERMIT RENEWAL REQUEST**

**APPROVED:**

**DENIED:**

PERMIT NO. \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE):		DAYTIME PHONE (INCLUDE AREA CODE):	
DATE OF BIRTH:	PLACE OF BIRTH: USA OTHER 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 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;*
- *I am a citizen or permanent resident of the United States;*
- *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;*
- *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 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 within a five-year period immediately preceding application for a carry 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 affirm that I have received firearms safety training that meets the standards of applicant firearms safety training defined in section 1 or 2 of section 571.111, RSMo;***
- *To the best of my knowledge and belief, I am not a respondent of a valid full order of protection that is still in effect.*

**I hereby sign under oath and under the penalties of perjury that I am in compliance with each of the requirements specified in subsection 2 of RSMo section 571.101 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):

Current Background Check Results:	Clear	Other:
Surrendered Expired Permit Card:	Yes	No
Submitted Renewal Fee: \$50.00:	Cash	Check Credit / Debit Card Money Order

**X** \_\_\_\_\_  
 SHERIFF (SHERIFF'S DESIGNEE) SIGNATURE: DATE (mm/dd/yyyy):

\_\_\_\_\_   
 PRINTED NAME (last, first, middle)