



SHERIFF'S OFFICE

Jefferson County, MO



David L. Marshak
Sheriff

Timothy S. Whitney
Undersheriff

NOTICE AS TO THE CONCEALED CARRY APPLICATION

Item # 4 concerns "Plea of Guilty" or a "Conviction" to FELONIES, which are crimes punishable by imprisonment for a term exceeding one year.

A "Plea of Guilty" entered by you to ANY court at ANYTIME disqualifies you from obtaining a Concealed Carry Endorsement.

It DOES NOT matter that you received an SIS (Suspended Imposition of Sentence) and that you have completed probation.

The plea of guilty to the Felony PERMANENTLY bars you from receiving a Concealed Carry Endorsement.

Item # 4 also concerns any "Plea of Guilty" to any Misdemeanor involving an "Explosive Weapon, Firearm, Firearm Silencer, or Gas Gun.

The plea of guilty to one of these types of Misdemeanors PERMANENTLY bars you from receiving a Concealed Carry Endorsement.

Item # 5 concerns Convictions, Pleas of Guilty, and Pleas of Nolo Contendere to Misdemeanor "Crimes of Violence" within a 5 year period immediately preceding this application. Any "Plea of Guilty" to this type of Misdemeanor bars you from receiving a Concealed Carry Endorsement for 5 years AFTER the Date of Plea.

AGAIN: It DOES NOT matter that you received an SIS (Suspended Imposition of Sentence) and that you have completed probation.

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR APPLICATION BE SURE TO ASK A REPRESENTATIVE OF THE SHERIFF'S OFFICE BEFORE YOU COMPLETE AND SUBMIT YOUR APPLICATION.

SUBMISSION OF A COMPLETED/SIGNED APPLICATION BY YOU IS SUBMITTED UNDER OATH. ANY FALSE STATEMENT ON YOUR APPLICATION MAY LEAD TO YOUR PROSECUTION FOR FALSE DECLARATION I.A.W. MO REVISED STATUE RSMO 575.

PLEASE CHECK ONE:

I DO DO NOT have questions in reference to the above information.

SIGNATURE

DATE

SIGNATURE OF SHERIFF'S REPRESENTATIVE

DATE

JCSO-051-2013

CONCEALED CARRY PERMIT APPLICATION

STATE OF MISSOURI
 COUNTY OF JEFFERSON

LAST NAME (INCLUDE JR/SR/ETC)		FIRST NAME		MIDDLE NAME	MAIDEN NAME:
DATE OF BIRTH (MM/DD/YYYY):		EMAIL ADDRESS:			GENDER: MALE FEMALE
RESIDENCE ADDRESS:			CITY:		STATE & ZIP CODE:
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DAYTIME PHONE NUMBER (INCLUDE AREA CODE)	
PLACE OF BIRTH:		COUNTRY OF CITIZENSHIP:		PERMANENT RESIDENT NUMBER (GREEN CARD #):	
<input type="checkbox"/> USA <input type="checkbox"/> OTHER					

Initial each statement hereby affirming 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, RSMo., 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 in subsection 1 or 2 section 571.111, RSMo.; and

_____ I, to the best of my knowledge and belief, I am not the 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 _____
 Applicants Signature

X _____
 Witness (Sheriff's Designee) Signature/DSN

Date ____ / ____ / ____

Date ____ / ____ / ____