

MIKE RACKLEY

AREA CODE (417)
345-2441
FAX (417) 345-6238



DALLAS COUNTY

204 SOUTH POPLAR
BUFFALO, MISSOURI
65622-0405

**APPLICATION FOR A
PERMIT FOR ACQUISITION OF A CONCEALABLE FIREARM**

Dallas County, Missouri

"Applications shall be made to the sheriff of the county in which the applicant resides"

DIRECTIONS:

1. Print this directions page and the application (next page).
2. Complete the application page IN FULL using your most up-to-date, correct information. (Firearm description information is optional.)
3. Date and Sign the application.
4. Send the completed application to:

Dallas County Sheriff's Office
Attn: Firearm Permit Processing
204 South Poplar Street
Buffalo, MO 65622

.... or you (or another trusted person) may drop this application off in person at the above address (24 hours per day).

5. Allow approximately 7 business days for processing of MAILED applications. (Hand-delivered applications may take less time.)
6. Pick-up your completed permit IN PERSON at the Sheriff's Office at the address listed above. *Identification may be required at the time of issuance.*

The State set \$5 permit fee will be due upon picking up the permit.

Questions? Please call the
Dallas County Sheriff's Office
417-345-2441

or reference the state law info (571.090 RsMO):
<http://www.moga.state.mo.us/statutes/C500-599/5710000090.HTM>

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**APPLICATION FOR A
PERMIT FOR ACQUISITION OF A CONCEALABLE FIREARM**

STATE OF MISSOURI }ss.
COUNTY OF DALLAS }

For office use only
APPLICATION # _____

To the Sheriff of Dallas County:

I, (name) _____, being duly sworn, on oath depose and state, that I am
(age) _____ years old and have resided in the State of Missouri for at least six months; that I reside at
(address) _____, (city) _____, MO, (zip) _____
I have a telephone number of (_____) _____ - _____;

Have an employment address of: (work name/address): _____
Occupation: _____ Work Phone: (_____) _____ - _____

And that my information is as follows:

Date of Birth: ____/____/____ Weight: ____ Height: ____ Eye Color: ____ Hair Color: ____
Missouri Driver's License Number: _____ Soc Security # _____ - _____ - _____

I hereby make this application for a firearm permit for the following reason: _____

to: (circle one): Purchase Receive Borrow Trade Other: _____

from: (Name of person or Dealer): _____
Address: _____

The weapon described as follows (*Optional information*):

Trademark / Name / Manufacturer: _____ Pistol/Revolver/Etc: _____
Model: _____ Caliber/Gauge: _____ Serial #: _____

I further affirm that I meet the qualifications for permit set forth in Section 571.090 RsMO, to-wit:

1. I am at least 21 years of age, a citizen of the United States, and have resided in Missouri for at least six months.
2. I have not pled guilty to, or have 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 or 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.
3. 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 silencer, or gas gun.
4. I have not been discharged under dishonorable conditions from the United States armed forces.
5. I am not currently habitually in an intoxicated or drugged condition, AND
6. I am not currently adjudged mentally incompetent and have not been committed to a mental health facility (as defined in Section 632.005 RsMO), or a similar institution located in another state.

I HEREBY AUTHORIZE THE SHERIFF OF DALLAS COUNTY TO MAKE SUCH INQUIRY AS DEEMED NECESSARY INTO THE ACCURACY OF THE STATEMENTS MADE IN THIS APPLICATION.

THIS APPLICATION, DATED THIS _____ DAY OF _____, 20____.

Signed by Applicant: _____