

## **TOOLE COUNTY SHERIFF'S OFFICE**

### Requirements for Concealed Weapons Permit

(As prescribed in Montana Code Annotated)

- 1) Fill and complete the Concealed Weapons Permit Application issued by the State of Montana.
- 2) Submit to fingerprints and photograph. (A \$5.00 fee will be assessed for fingerprints)
- 3) Complete a firearms safety or training course approved by the Department of Fish, Wildlife & Parks. (Hunter Safety Course is acceptable)
- 4) Provide photocopy of Certificate of Completion of course, or an Affidavit from the entity or instructor that conducted the course attesting to completion.
- 5) Permit fee of \$50.00 due upon issuance. The permit is valid for 4 years. Renewal fee of \$25.00. Renewal can only be done within 90 days of the expiration date of the permit.

# CONCEALED WEAPONS PERMIT APPLICATION

To be completed by each person making application

Resident of the State of Montana for at least 6 months  Yes  No  
Citizen of the United States  Yes  No  
18 Years of age or older  Yes  No

PLEASE PRINT OR TYPE

Full Name \_\_\_\_\_  
Last First Middle

Alias/Maiden/Nickname \_\_\_\_\_

Address: Home \_\_\_\_\_  
Employer \_\_\_\_\_

Phone: Home \_\_\_\_\_ Message \_\_\_\_\_  
Employer \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Social Security # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

## LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST 5 YEARS

Employer or Business	Address	Date of Employment

## LIST EACH PLACE IN WHICH YOU HAVE LIVED IN THE LAST 5 YEARS


## MILITARY SERVICE:

Branch \_\_\_\_\_ Dates \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Rank \_\_\_\_\_

Have you ever been arrested or convicted of a crime?  Yes  No

Have you ever been found guilty in a court martial proceeding  Yes  No

If yes, complete the following (traffic violations excluded)

CITY

STATE

CHARGE DATE

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List three references whom you have known for at least 5 years  
 (DO NOT include relatives or past/present employers)

NAME

ADDRESS

PHONES

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PLEASE EXPLAIN YOUR REASON FOR REQUESTING A CONCEALED WEAPONS PERMIT IN DETAIL.

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I, the undersigned applicant, swear that all foregoing information is true and correct to the best of my knowledge and belief, and is given with full knowledge that any mis-statement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby authorize any person having information concerning me that relates to the information requested by this application, and the requirement for concealed weapons permit, either public record or otherwise, to furnish it to the sheriff to whom the application is made.

Applicant Signature

Date

This application must be signed in the presence of the sheriff or his/her designee.

This form is made available by: Montana Shooting Sports Association  
 P.O. Box 4924  
 Missoula, MT 59806