

# *TOOLE COUNTY SHERIFF'S OFFICE*

**SHERIFF- TYLER PADILLA / UNDERSHERIFF- TYLER FOSS**

**ADMIN ASSISTANT- CHRISTIE RHODEN**

**235 Deer Lodge Ave/ P.O. Box 550**

**Shelby, Montana 59474**

Phone (406) 434-5585

Fax: (406) 434-7265



## **CONCEALED WEAPON PERMIT APPLICATION**

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS ( ) Yes ( ) No

CITIZEN OF THE UNITED STATES ( ) Yes ( ) No

18 YEARS OF AGE OR OLDER ( ) Yes ( ) No

PLEASE TYPE OR PRINT

Full name: \_\_\_\_\_

Last

First

Middle

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

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Phone Number(s): \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's license no. \_\_\_\_\_ Issuing state: \_\_\_\_\_

Social Security no. (Optional) \_\_\_\_\_

Sex \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

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

***HONOR \* INTEGRITY \* PRIDE***

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1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Employer/Business Name      Address      City      Phone      Employment  
Dates

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Employer/Business Name      Address      City      Phone      Employment  
Dates

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Employer/Business Name      Address      City      Phone      Employment  
Dates

4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Employer/Business Name      Address      City      Phone      Employment  
Dates

5. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Employer/Business Name      Address      City      Phone      Employment  
Dates

**LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST 5 YEARS:**

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City      State      Date of residence

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City      State      Date of residence

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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City

State

Date of residence

4. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

City

State

Date of residence

5. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

City

State

Date of residence

MILITARY SERVICE: ( ) YES ( ) NO

BRANCH: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_

New application_____ Renewal_____ Expiration Date_____
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HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR  
FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? ( ) YES ( ) NO

IF YES, COMPLETE THE FOLLOWING:

(Exceptions: minor traffic violations; attach additional sheet if necessary):

1. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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	City	State	Charge	Date
2.	_____	_____	_____	_____
	City	State	Charge	Date
3.	_____	_____	_____	_____
	City	State	Charge	Date
4.	_____	_____	_____	_____
	City	State	Charge	Date
5.	_____	_____	_____	_____
	City	State	Charge	Date

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST 5 YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION: (DO NOT include relatives or present/past employers)

1.	_____	_____	_____
	Name	Address	Phone
2.	_____	_____	_____
	Name	Address	Phone
3.	_____	_____	_____
	Name	Address	Phone

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In complete detail, please explain your reason(s) for requesting this permit:

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

This application must be signed in the presence of the Sheriff or Designee.

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Print Name

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Signature

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Date of application

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Sheriff or Designee Signature

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