CONCEALED WEAPON PERMIT INFORMATION

(Montana Statutes 45-8-315 through 45-8-328)

PLEASE READ CAREFULLY: INCOMPLETE APPLICATIONS WILL BE DENIED AND SENT BACK TO THE APPLICANT FOR COMPLETION

APPLICATIONS ARE ACCEPTED ON:

MONDAY THRU FRIDAY FROM 8:00 am TO 5:00 pm

$50.00 (New or expired more than 30 days) - $25.00 (Renewal if within 30 days) fee is due when application is turned in, payable by cash (exact change) or check (to DARE).

(Important: Refunds will not be given even if permit is denied)

You must also present your Montana Driver's License or ID Card, and proof of weapons training.

EXCEPTION: Active military are not required to have a Montana Driver's License or State ID. Active military must present a current Driver's license (valid in any state) and an Active Duty Military Identification Card.

For proof of weapons training, we accept the following:

- Military Discharge Form DD 214 (to request a duplicate form, call MT Veterans Affairs at 755-3795)
- Hunter Safety Certificate (to request a duplicate card access online at fwp.mt.gov)
- We may consider a concealed weapon permit from another state
- Any other weapons training certificate from a certified instructor

GENERAL INFORMATION

You will be **ineligible** to receive a permit if you:

- Are ineligible under Montana or federal law to own, possess, or receive a firearm;
- Have been charged/awaiting judgment in any state/federal crime, punishable by incarceration for 1 year;
- Have been convicted in any state or federal court in any state of a crime punishable by more than 1 year of incarceration regardless of the sentence that may be imposed, a crime that includes as an element of the crime an act, attempted act, or threat of intentional homicide, violence, bodily or serious bodily harm, unlawful restraint, sexual abuse, or sexual intercourse or contact without consent;
- Have been convicted carrying a concealed weapon while under the influence OR in a prohibited place, unless you have been pardoned or 5 years have elapsed since the date of the conviction;
- Have a warrant of any state or the federal government out for your arrest;
- Have been adjudicated in a criminal or civil proceeding in a court of any state or in a federal court to be an unlawful user of a intoxicating substance and are under a court order of imprisonment or other incarceration, probation, suspended, or deferred imposition of sentence, treatment or education, or other conditions of release or are otherwise under state supervision;
- Have been adjudicated in a criminal or civil proceeding in a court of any state or in a federal court to be mentally ill, defective, or mentally disabled and are still subject to a disposition order of that court;
- Were dishonorably discharged from the United States Armed Forces.

The Sheriff may deny an applicant a permit to carry a concealed weapon if the Sheriff has reasonable cause to believe that the applicant is mentally ill, mentally defective, or mentally disabled or otherwise may be a threat to the peace and good order of the community to the extent that the applicant should not be allowed to carry a concealed weapon.

STATE OF MONTANA, COUNTY OF FERGUS
CONCEALED WEAPON PERMIT 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

ANSWERING "NO" TO ANY OF THE ABOVE QUESTIONS WILL DISQUALIFY YOU.

Please Type or Print

Full Legal Name: _____
Last First Middle (no initials)

Alias/Maiden/Nickname: _____

Place of Birth (City & State): _____ Date of Birth: _____

MT Driver's License/ID #: _____ Issuing State: _____

Social Security #: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Phone: _____
Home Employer Message/Cell

Employer: _____
Name City State Zip

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

List each former employer or business engaged in for the last five (5) years (beginning with current employer):

Employer/Business Name Address **(complete)** Date Range From/To

1. _____
2. _____
3. _____

4. _____

5. _____

List each place in which you have lived for the last five (5) years:

	City	State	Date Range From/To
1.			
2.			
3.			
4.			

Military Service: Branch: _____ Dates From/To: _____

Type of Discharge: _____ Rank upon Discharge: _____

Have you **EVER** been ARRESTED? ( ) Yes ( ) No

Have you **EVER** been CONVICTED OF A CRIME? ( ) Yes ( ) No

Have you ever been FOUND GUILTY IN A COURT-MARTIAL? ( ) Yes ( ) No

If **YES**, please complete the following (Exceptions: minor traffic violations):

	City	State	Charge	Date
1.				
2.				
3.				

List three persons whom you have known for at least five (5) years that will be credible witnesses to your good moral character and peaceable dispositions. (DO NOT INCLUDE RELATIVES OR PRESENT/PAST EMPLOYERS)

	Name	Address **(provide complete mailing address)**	Phone
1.			
2.			
3.			

Please explain your reason(s) for requesting this permit:

_____

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 contained herein may be sufficient evidence to deny my application.

_____ _____

Signature Date