



**MISSOULA COUNTY SHERIFF'S OFFICE**

200 West Broadway  
Missoula, MT 59802  
Phone: 406.258.4810  
Fax: 406.721.8575

SHERIFF Jeremiah Petersen  
UNDERSHERIFF Jeremy Meeder



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## Important

If you are applying for a Concealed Weapon Permit **Renewal**, please bring any court documents that you may have in relation to your criminal history. Even if you provided these documents for the initial application, our office conducts thorough backgrounds for every application, including renewals, and having court documentation of *case dispositions, dismissals, and deferrals* will assist with the review process.

Thank you,

Jeremiah Petersen  
Missoula County Sheriff



CONCEALED WEAPON PERMIT RENEWAL APPLICATION  
MISSOULA COUNTY SHERIFF'S OFFICE  
(PLEASE PRINT)

NAME: \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MT DRIVER'S LICENSE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(PHYSICAL ADDRESS, CITY, STATE AND ZIP)

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM HOME ADDRESS)

TELEPHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
(CITY, STATE)

BIRTHDATE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

My concealed weapon permit expires on \_\_\_\_\_

*I attest, nothing has occurred that causes me to be ineligible for a CWP.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR SHERIFF'S USE ONLY:**

Approve:

Date:

Deny:

Date:

Reason for Denial:

Date: