



Please Check One:

- ☐ Enhanced Concealed Carry
- ☐ Temporary Restricted CCW
- ☐ Concealed Carry
Non-enhanced

MISSOULA COUNTY SHERIFF'S OFFICE
CONCEALED WEAPON PERMIT APPLICATION

-RESIDENT OF MONTANA AT LEAST 6 MONTHS..... YES___NO___

-CITIZEN OF THE UNITED STATES **OR**
PERMANENT LAWFUL RESIDENT..... YES___NO___

-18 YEARS OF AGE OR OLDER.....YES___NO___

FULL NAME: _____
LAST FIRST MIDDLE

ALIAS/MAIDEN/NICKNAME_____

HOME ADDRESS: _____
(FULL PHYSICAL ADDRESS INCLUDING STREET, CITY, STATE, ZIP)

MAILING ADDRESS: _____
(IF DIFFERENT FROM HOME ADDRESS)

PHONE: _____ / _____
(HOME) (CELL)

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____
(FULL PHYSICAL ADDRESS INCLUDING CITY, STATE, ZIP)

EMPLOYER'S PHONE: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ ISSUING STATE: _____

SOCIAL SECURITY (optional)#: _____

SEX_____ HGT. _____ WT. _____ EYES _____ HAIR _____

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

EMPLOYER OR BUSINESS NAME	ADDRESS	DATES OF EMPLOYMENT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

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

City	State	Dates of Residence
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

MILITARY SERVICE, BRANCH _____ FROM _____ TO _____
TYPE OF DISCHARGE _____ RANK UPON DISCHARGE _____

HAVE YOU EVER BEEN **ARRESTED** FOR A CRIME? () YES () NO

HAVE YOU EVER BEEN **CONVICTED** OF A CRIME? () YES () NO

IF YES, COMPLETE THE FOLLOWING (Attach additional sheet if necessary):

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

HAVE YOU EVER BEEN FOUND GUILTY IN A COURT-MARTIAL PROCEEDING?

() YES () NO

IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT
(Attach additional sheet if necessary):

THE STATE OF MONTANA REQUIRES PROOF OF FIREARMS TRAINING ALONG WITH THE APPLICATION (**Mont. Code Ann. § 45-8-321 (3)**). THIS CAN INCLUDE HUNTER SAFETY, COMPLETION OF A LAW ENFORCEMENT FIREARMS COURSE, PROOF OF LICENSE AND TRAINING FROM ANOTHER STATE, MILITARY TRAINING (DD214). **THERE ARE DIFFERENT REQUIREMENTS FOR ENHANCED AND TEMPORARY RESTRICTED.**

**CONCEALED WEAPONS PERMIT
PERSONAL REFERENCE QUESTIONNAIRE**

Provide (3) questionnaires **to be completed by persons** whom you have known for at **least five years** that will be a credible witness to your good moral character and peaceable disposition. **Do not** include relatives or present/past employers.

If you are unable to have your references sign the questionnaire, provide their **Name, Address, and contact phone number** and our office will contact.

DATE: _____

NAME OF CWP APPLICANT: _____

REFERENCE INFORMATION:

(NAME)

(ADDRESS)

(DAYTIME PHONE NUMBER)

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

2. ARE YOU A RELATIVE OR PRESENT/PAST EMPLOYER OF THE APPLICANT?

3. ARE YOU WILLING TO BE A WITNESS TO THE APPLICANT'S GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION? _____ YES _____ NO

SIGNATURE OF PERSON COMPLETING THIS QUESTIONNAIRE

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SIGNATURE OF PERSON COMPLETING THIS QUESTIONNAIRE

Please initial after each statement:

I understand that my payment is final, and non-refundable even in the case I am denied. _____

I understand that failure to disclose all information, not limited to past arrests and convictions, may result in a denial of my application. _____

I understand that if my application is denied or revoked, I may appeal to District Court. §45-8-324. _____

Concealed weapons permits are valid for 5 years from the date the application is approved by the Sheriff. There is a 90-day period **BEFORE** the card expires to renew. If the card expires, I must apply as a new applicant. _____

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 a designee.

Signature

Date of Application