

CONCEALED WEAPON PERMIT APPLICATION

INSTRUCTIONS!!

Complete both pages of the attached application.

New/Renewal Permits: Bring in your **unsigned** application and valid MT Picture ID. If you are applying for a new Carbon County Permit you will need proof of weapons training. A new photo will be taken. Drop off anytime between 8:00 a.m. to 4:00 p.m. Monday through Thursday. All applications will be processed on a first come first served basis and you will be notified when it is ready to be picked up or mailed.

Applications accepted:

Monday through Thursday 8:00 a.m. to 4:00 p.m.
(except holidays)

Proof of weapons training includes any of the following:

A Hunter Safety card, DD214 from the military, weapons training course with certificate from a certified teacher. (A hunting license is not acceptable as proof of weapons training.)

If you have any questions Call 406-445-7272

The cost for a four-year permit is \$50. The renewal cost for a four-year permit is \$25. We do not accept credit cards and are not able to make change. Payment must be made with exact cash or a check. Make checks payable to "Carbon County Sheriff".

An application must be filled out for both a new and a renewal permit.

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

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT OR COURT MARTIAL PROCEEDING: ___ YES ___ NO

IF YES COMPLETE THE FOLLOWING: Exceptions: minor traffic violations)

(Attach additional sheet if necessary)

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

LIST THREE PEOPLE WHOM YOU HAVE KNOWN FOR AT LEAST FIVE YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION (PLEASE DO NOT INCLUDE RELATIVES OR PRESENT/ PAST EMPLOYERS)

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

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

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 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 requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

I understand that Federal and State laws on possession of firearms and other weapons differ and a person who violates the Federal law may be prosecuted in Federal court. A Montana permit will not be a defense.

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

Signature _____ Date of Application _____

DATE RECEIVED _____

APPROVED _____ DISAPPROVED _____