



STILLWATER COUNTY OFFICE OF SHERIFF/CORONER

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Charles E. Kem, Sheriff/Coroner

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PROCEDURE FOR MAKING APPLICATION FOR **ENHANCED** CONCEALED WEAPONS PERMIT

The following items are listed for your convenience to help facilitate the processing of your application. This list may not be all inclusive and should only serve as a guide. You may wish to review certain Montana laws that pertain to your concealed weapons permit. Some of these laws are Montana Code Annotated 45-8-328, 45-8-330 and 45-8-356

You must:

1. Be a resident of the State of Montana for a least six months, reside in Stillwater County and be 21 years of age or older.
2. Required by LAW to provide proof of a handgun course that instructs the following: laws relating to firearms and the use of force, basic concepts of safe and responsible use of handguns, self-defense principles, and a live fire training of minimum of 98 rounds of ammunition fired by student. This course needs to be completed within 12 months of applying for permit. *Current or former law enforcement officer need to have qualified/requalified on a certified course within 12 months.
3. Applications will be by **appointment only** and can be scheduled by calling the Sheriff's Office at 406-322-5326. Applicants need to have a background check completed by the issuing Sheriff's office. Fingerprints are an additional \$5.
 - a. Applications need to be made in duplicate (1 original and 1 copy) Please read the application fully and fill it out completely, **do not sign it until appointment!**
4. An enhanced concealed carry permit fee is **\$75 (plus \$10 for fingerprints)**, exact cash or check, no cards accepted.
5. An enhanced concealed carry permit is valid for five (5) years from date of issue and the renewal period starts 90 days prior (3 months) and ends 30 days after the permit expires. **Applicant is responsible for knowing expiration date.**
 - a. Renewal: applicant shall pass a criminal background check and provide proof they successfully completed a live fire handgun course.
6. Temporary restricted enhanced permit for individuals 18-20 years of age: application is the same as for a conventional enhanced permit. **When applicant reaches 21 years of age, they may submit a written formal request for permit to be transferred to enhanced permit through the Stillwater County Sheriff's office at no additional cost.

STATE OF MONTANA
CONCEALED WEAPON PERMIT APPLICATION

Must be completed by each person making application:

Resident of Montana at least six (6) months..... () Yes () No
Citizen of the United States() Yes () No
Twenty-one (21) years of age or older() Yes () No
Are you a Stillwater County Resident () Yes () No
*****Temporary restricted applicants 18-20 years of age() Yes () No***

TYPE OR PRINT

Full Name: _____
Last First Middle

Alias/Maiden/Nickname: _____

Physical Address: Home: _____
Street City State Zip

Mailing Address if Different _____

Work: _____
Street City State Zip

Phone: _____
Home Employer Message

Place of Birth _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Social Security #: (optional) _____ Male _____ Female _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE PAST FIVE (5) YEARS:

	Employer or Business Name	Address	Dates of Employment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

4. _____

5. _____

LIST EACH FORMER PLACE OF RESIDENCE:

	Street	City	State	Zip
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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 MARTIAL PROCEEDING: (___) Yes (___) No

IF YES, COMPLETE THE FOLLOWING (exception: minor traffic violations; attach additional sheets if necessary):

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

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 DISPOSITION. (Do not include relatives or present/past employers).

	Name	Street Address/City/State	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUIRING A CONCEALED WEAPON PERMIT. (Attach additional sheet(s) 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 or whom this application is made.

DO NOT SIGN!

This application MUST BE signed in the presence of the Sheriff or his designee.

Applicant Signature

Date