



## STILLWATER COUNTY OFFICE OF SHERIFF/CORONER

P.O. Box 729  
Columbus, MT 59019-0729  
(406) 322-5326  
FAX: (406) 322-5328  
E-Mail: [ckem@scsomt.org](mailto:ckem@scsomt.org)



Charles E. Kem, Sheriff/Coroner

Randy E. Smith, Undersheriff/Deputy 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:

Mailing Address if Different \_\_\_\_\_

Work: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Social Security #: (optional)  Male  Female

Height: Weight: Eyes: Hair:

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

Employer or Business Name	Address	Dates of Employment
1.	<hr/>	
2.	<hr/>	
3.	<hr/>	

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).

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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.**

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Applicant Signature

Date