



## 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 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 45-8-321 through 328 inclusive.

You must:

1. Be a resident of the State of Montana for a least six months and live within Stillwater County.
2. It is **REQUIRED BY LAW** that you complete a certified firearms safety course before an application is submitted. **Please provide a copy of certificate or other document showing proof of firearms training**, e.g., hunter safety course, NRA approved course, military course or civilian course.
3. Applications for a Concealed Weapons Permit will be taken by **appointment only!** You may schedule an appointment by calling **406-322-5326**.

**City of Columbus Residents:** Completed applications in triplicate (1-original 2-copy) **DO NOT SIGN APPLICATION UNTIL APPOINTMENT.**

**Residents outside of Columbus city limits:** Completed applications in duplicate (1-original 1-copy) **DO NOT SIGN APPLICATION UNTIL APPOINTMENT.**

The application fee for a new Concealed Weapons Permit is **\$50 fee** and the **renewal fee is \$25**. Please bring **exact cash or a personal check** made payable to the Stillwater County Sheriff's Office. A concealed carry permit is now valid for five (5) years and the renewal period starts 90 days prior (3 months) and ends 30 days after the expiration date {per MCA 45-8-322(3) 2023 amended}. After this allotted time the applicant will be charged for a new permit!

4. You will be required to submit to fingerprinting for new Concealed Weapons Permits which **will cost an additional \$5.00**. A new permit plus fingerprinting is a **TOTAL of \$55**. **Providing a DD214, veteran card or current service member ID will waive all fees.**
6. Please allow approximately 4-6 weeks for approval of your permit. **You will not be reminded of your permit expiration!**
7. **RENEWALS:** Same process as a new application, only no fingerprints required.

**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  
Eighteen (18) years of age or older ..... Yes  No  
Are you a Stillwater County Resident PLEASE ..... Yes  No

**TYPE OR PRINT**

Full Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Alias/Maiden/Nickname:

Mailing Address if Different

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

Phone: \_\_\_\_\_  
Home and/or Cell

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

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 IN THE LAST (5) YEARS:

	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