



STILLWATER COUNTY OFFICE OF SHERIFF/CORONER

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Charles E. Kem, Sheriff/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: _____

Physical Address: Home: _____
Street City State Zip

Mailing Address if Different _____

Work: _____
Street City State Zip

Phone: _____ Phone: _____
Home and/or Cell 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).

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