



STILLWATER COUNTY OFFICE OF SHERIFF/CORONER

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Clifford D. Brophy, Sheriff/Coroner

Charles E. Kem, Undersheriff/Deputy Coroner

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, law enforcement civilian training program, military firearms training, or possession of a current concealed weapon permit from another state requiring the same documentation.
3. Applications for a Concealed Weapons Permit will be taken by **appointment only**. You may schedule an appointment by calling **April at 322-5326**.
4. Return the completed Concealed Weapons Permit application form **in triplicate** (1-original and 2 copies). **DO NOT SIGN** until you are seen for your appointment. If you do not bring the correct amount of copies, you will be charged an additional \$2 fee.
5. 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. You will be charged \$50 if your permit is expired more than 90 days.
6. You will be required to submit to **fingerprinting** for new Concealed Weapons Permits which **will cost an additional \$5.00**.
7. Please allow approximately 2-3 weeks for approval of your permit. A permit is good for **four (4) years**. You will not be reminded of your permits expiration.
8. **RENEWALS**: Please be informed that renewals are handled in the same manner as the new application.

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