



STILLWATER COUNTY OFFICE OF SHERIFF/CORONER

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Charles E. Kem, Sheriff/Coroner

Randy E. Smith, 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, 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 **April at 322-5326**.
4. **City of Columbus Residents:** Completed applications in **triplicate** (1-original 2-copies) Without cover sheet. **DO NOT SIGN APPLICATION UNTIL APPOINTMENT.**
Residents outside of Columbus city limits: Completed applications in **duplicate** (1-original 1-copy) Without cover sheet. **DO NOT SIGN APPLICATION UNTIL APPOINTMENT.**
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. **As of 1/1/2019 providing a DD214 or current service member ID will waive all fees.**
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.

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: _____
Home Employer Message

Place of Birth _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Social Security #: _____ Male or Female (circle one)

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