



Internal Use Only: Permit # \_\_\_\_\_

# CONCEALED WEAPON PERMITS

Internal Use Only: Last, First Name \_\_\_\_\_

## Directions:

- **Complete the attached application.**
  - *Please do not sign your application until your appointment.*
  - *List 3 References and have them each fill out a reference sheet questionnaire which is attached. This is **required** for New and Renewals.*
- **Schedule an appointment.**
  - *Once an application fully completed, call the Sheriff's Office at **266-3441** to schedule an appointment.*
  - *Appointments will only be scheduled on Wednesdays.*
- **Attend CWP appointment.**
  - *Please be prepared to provide your proof of certification at appointment.*  
[Reference- Section 3 of Page 2 (Application for Concealed Weapon Permit)]
  - *You will also be fingerprinted so make sure to plan accordingly.*

## Fees:

- *New CWP: \$50.00*
- *Renewals: \$25.00*

*If paying by check, please make check out to: **BROADWATER SHERIFF'S OFFICE***

Expiration: \_\_\_\_\_

### Scheduled appointment:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

# CONCEALED WEAPON PERMIT APPLICATION

The Sheriff will require first time applicants to provide certification from an approved weapons training program and may require renewal applicants at the Sheriff's discretion, to recertify through an approved weapons training program.

## **To be completed by each person:**

Resident of Montana at least 6 months	Yes_____	No_____
Citizen of the United States	Yes_____	No_____
18 Years of age or older	Yes_____	No_____

## **Please type or print:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Alias/Maiden/Nicknames \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Message \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

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

Social Security # (OPTIONAL) \_\_\_\_\_ Sex \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

## **List each former employer or business engaged in for the last 5 years:**

### **Employer/Business**

Name \_\_\_\_\_ Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Date of Employment \_\_\_\_\_

## **List each place you have lived in the past 5 years:**

City \_\_\_\_\_ State \_\_\_\_\_ Date of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Date of Residence \_\_\_\_\_

**Military Service:**

Branch \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Rank \_\_\_\_\_

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 (Exceptions: minor traffic violations) (Attach additional sheets if necessary) :

City \_\_\_\_\_ State \_\_\_\_\_ Charge \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Charge \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Charge \_\_\_\_\_ Date \_\_\_\_\_

List Three persons whom you have known at least 5 years that will be credible witnesses to your good moral character and peaceable disposition. **(Note: These Names MUST Match the Reference**

**Forms at the back of this Application. DO NOT include relatives or present/past employers):**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please explain your reasons for requesting this permit. *(Attach additional sheets 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 may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I 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 to whom this application is made.

**THIS APPLICATION MUST BE SIGNED IN THE PRESENCE OF THE SHERIFF OR A DESIGNEE**

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**Signature**

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**Date of Application**

~~Office of the Sheriff / Coroner~~  
**BROADWATER COUNTY**

519 Broadway  
Townsend, MT 59644  
Phone – 406-266-3441  
Fax – 406-266-3762

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**CWP PERSONAL REFERENCE QUESTIONNAIRE**

**Date:** \_\_\_\_\_

**CWP Applicant's Name:** \_\_\_\_\_

**Reference Person Completing Questionnaire:**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Time Phone Number: (\_\_\_\_\_) \_\_\_\_\_**

1. How long have you known the applicant? \_\_\_\_\_

2. Is the applicant knowledgeable in the use of firearms, especially handguns? \_\_\_\_\_

3. Does the applicant exercise good judgment? \_\_\_\_\_

4. Is the applicant a threat to the peace or the good of the community? \_\_\_\_\_

5. Has the applicant ever been hospitalized or medicated for any type of mental disorder? \_\_\_\_\_

6. Does the applicant abuse alcohol or drugs? \_\_\_\_\_

7. Is the applicant a member of an anti- American organization or terrorist group? \_\_\_\_\_

8. Do you recommend that the applicant receive a concealed weapons permit? \_\_\_\_\_

9. Please explain why or not (reference question #8)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you a relative or present/past employer of the applicant? \_\_\_\_\_

**Signature of reference completing questionnaire:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

~~Office of the Sheriff / Coroner~~  
**BROADWATER COUNTY**

519 Broadway  
Townsend, MT 59644  
Phone – 406-266-3441  
Fax – 406-266-3762

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**Date:** \_\_\_\_\_

**CWP Applicant's Name:** \_\_\_\_\_

**Reference Person Completing Questionnaire:**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Time Phone Number: (\_\_\_\_\_) \_\_\_\_\_**

1. How long have you known the applicant? \_\_\_\_\_

2. Is the applicant knowledgeable in the use of firearms, especially handguns? \_\_\_\_\_

3. Does the applicant exercise good judgment? \_\_\_\_\_

4. Is the applicant a threat to the peace or the good of the community? \_\_\_\_\_

5. Has the applicant ever been hospitalized or medicated for any type of mental disorder? \_\_\_\_\_

6. Does the applicant abuse alcohol or drugs? \_\_\_\_\_

7. Is the applicant a member of an anti- American organization or terrorist group? \_\_\_\_\_

8. Do you recommend that the applicant receive a concealed weapons permit? \_\_\_\_\_

9. Please explain why or not (reference question #8)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you a relative or present/past employer of the applicant? \_\_\_\_\_

**Signature of reference completing questionnaire:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

~~Office of the Sheriff / Coroner~~  
**BROADWATER COUNTY**

519 Broadway  
Townsend, MT 59644  
Phone – 406-266-3441  
Fax – 406-266-3762

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**CWP PERSONAL REFERENCE QUESTIONNAIRE**

**Date:** \_\_\_\_\_

**CWP Applicant's Name:** \_\_\_\_\_

**Reference Person Completing Questionnaire:**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Time Phone Number: (\_\_\_\_\_) \_\_\_\_\_**

1. How long have you known the applicant? \_\_\_\_\_

2. Is the applicant knowledgeable in the use of firearms, especially handguns? \_\_\_\_\_

3. Does the applicant exercise good judgment? \_\_\_\_\_

4. Is the applicant a threat to the peace or the good of the community? \_\_\_\_\_

5. Has the applicant ever been hospitalized or medicated for any type of mental disorder? \_\_\_\_\_

6. Does the applicant abuse alcohol or drugs? \_\_\_\_\_

7. Is the applicant a member of an anti- American organization or terrorist group? \_\_\_\_\_

8. Do you recommend that the applicant receive a concealed weapons permit? \_\_\_\_\_

9. Please explain why or not (reference question #8)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you a relative or present/past employer of the applicant? \_\_\_\_\_

**Signature of reference completing questionnaire:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

# Application For Concealed Weapon Permit

**45-8-321. Permit to carry concealed weapon.** (1) A county sheriff shall, within 60 days after the filing of an application, issue a permit to carry a concealed weapon to the applicant. The permit is valid for 4 years from the date of issuance. An applicant must be a United States citizen or permanent lawful resident who is 18 years of age or older and who holds a valid Montana driver's license or other form of identification issued by the state that has a picture of the person identified. An applicant must have been a resident of the state for at least 6 months. Except as provided in subsection (2), this privilege may not be denied an applicant unless the applicant:

- (a) is ineligible under Montana or federal law to own, possess, or receive a firearm;
- (b) has been charged and is awaiting judgment in any state or federal crime that is punishable by incarceration for 1 year or more;
- (c) subject to the provisions of subsection (6), has been convicted in any state or federal court of:
  - (i) a crime punishable by more than 1 year of incarceration; or
  - (ii) regardless of the sentence that may be imposed, a crime that includes as an element of the crime an act, attempted act, or threat of intentional homicide, serious bodily harm, unlawful restraint, sexual abuse, or sexual intercourse or contact without consent;
- (d) has been convicted under **45-8-327** or **45-8-328**, unless the applicant has been pardoned or 5 years have elapsed since the date of the conviction;
- (e) has a warrant of any state or the federal government out for the applicant's arrest;
- (f) has been adjudicated in a criminal or civil proceeding in any state or federal court to be an unlawful user of an intoxicating substance and is under a court order of imprisonment or other incarceration, probation, suspended or deferred imposition of sentence, treatment or education, or other conditions of release or is otherwise under state supervision;
- (g) has been adjudicated in a criminal or civil proceeding in any state or federal court to be mentally ill, mentally disordered, or mentally disabled and is still subject to a disposition order of that court; or
- (h) was dishonorably discharged from the United States armed forces.

(2) The sheriff may deny an applicant a permit to carry a concealed weapon if the sheriff has reasonable cause to believe that the applicant is mentally ill, mentally disordered, or mentally disabled or otherwise may be a threat to the peace and good order of the community to the extent that the applicant should not be allowed to carry a concealed weapon. At the time an application is denied, the sheriff shall, unless the applicant is the subject of an active criminal investigation, give the applicant a written statement of the reasonable cause upon which the denial is based.

(3) An applicant for a permit under this section must, as a condition to issuance of the permit, be required by the sheriff to demonstrate familiarity with a firearm by:

- (a) completion of a hunter education or safety course approved or conducted by the department of fish, wildlife, and parks or a similar agency of another state;
- (b) completion of a firearms safety or training course approved or conducted by the department of fish, wildlife, and parks, a similar agency of another state, a national firearms association, a law enforcement agency, an institution of higher education, or an organization that uses instructors certified by a national firearms association;
- (c) completion of a law enforcement firearms safety or training course offered to or required of public or private law enforcement personnel and conducted or approved by a law enforcement agency;
- (d) possession of a license from another state to carry a firearm, concealed or otherwise, that is granted by that state upon completion of a course described in subsections (3)(a) through (3)(c); or
- (e) evidence that the applicant, during military service, was found to be qualified to operate firearms, including handguns.

(4) A photocopy of a certificate of completion of a course described in subsection (3), an affidavit from the entity or instructor that conducted the course attesting to completion of the course, or a copy of any other document that attests to completion of the course and can be verified through contact with the entity or instructor that conducted the course creates a presumption that the applicant has completed a course described in subsection (3).

(5) If the sheriff and applicant agree, the requirement in subsection (3) of demonstrating familiarity with a firearm may be satisfied by the applicant's passing, to the satisfaction of the sheriff or of any person or entity to which the sheriff delegates authority to give the test, a physical test in which the applicant demonstrates the applicant's familiarity with a firearm.

(6) A person, except a person referred to in subsection (1)(c)(ii), who has been convicted of a felony and whose rights have been restored pursuant to Article II, section 28, of the Montana constitution is entitled to issuance of a concealed weapons permit if otherwise eligible.

**History:** En. Sec. 1, Ch. 759, L. 1991; amd. Sec. 1, Ch. 408, L. 1995; amd. Sec. 3, Ch. 581, L. 1999; amd. Sec. 7, Ch. 332, L. 2009; amd. Sec. 9, Ch. 161, L. 2015; amd. Sec. 1, Ch. 171, L. 2017.

**45-8-322. Application, renewal, permit, and fees.** (1) *The application form must be readily available at the sheriff's office and must read as follows:*

(2) *The application must be in triplicate. The applicant must be given the original at the time the completed application is filed with the sheriff, the sheriff shall keep a copy for at least 4 years, and a copy must, within 7 days of the sheriff's receipt of the application, be mailed to the chief of police if the applicant resides in a city or town with a police force.*

(3) *The fee for issuance of a permit is \$50. The permit must be renewed for additional 4-year periods upon payment of a \$25 fee for each renewal*

and upon request for renewal made within 90 days before expiration of the permit. The permit and each renewal must be in triplicate, in a form prescribed by the department of justice, and must, at a minimum, include the name, address, physical description, signature, driver's license number, state identification card number, or tribal identification card number, and a picture of the permittee. A person in the United States armed forces satisfies the requirement of submitting a picture if the person submits pictures of the front of the person's military identification card and the person's Montana driver's license. The permit must state that federal and state laws on possession of firearms and other weapons differ and that a person who violates the federal law may be prosecuted in federal court and the Montana permit will not be a defense. The permittee must be given the original, and the sheriff shall keep a copy and send a copy to the department of justice, which shall keep a central repository record of all permits. Replacement of a lost permit must be treated as a renewal under this subsection.

(4) The sheriff shall conduct a background check of an applicant to determine whether the applicant is eligible for a permit under [45-8-321](#), may require an applicant to submit the applicant's fingerprints, and may charge the applicant \$5 for fingerprinting. A renewal does not require repeat fingerprinting.

(5) Permit, background, and fingerprinting fees may be retained by the sheriff and used to implement [45-8-321](#) through [45-8-325](#).

(6) A state or local government law enforcement agency or other agency or any of its officers or employees may not request a permittee to voluntarily submit information in addition to that required on an application and permit.

(7) All of the information on the application is confidential, and the sheriff shall treat the confidential information on the application as confidential criminal justice information pursuant to Title 44, chapter 5.

**History:** En. Sec. 2, Ch. 759, L. 1991; amd. Sec. 4, Ch. 581, L. 1999; amd. Sec. 7, Ch. 180, L. 2007; amd. Sec. 1, Ch. 111, L. 2013; amd. Sec. 1, Ch. 134, L. 2015.

**45-8-323. Denial of renewal -- revocation of permit.** A permit to carry a concealed weapon may be revoked or its renewal denied by the sheriff of the county in which the permittee resides if circumstances arise that would require the sheriff to refuse to grant the permittee an original license. A decision to deny an applicant a renewal must be made within 60 days after the filing of an application.

**History:** En. Sec. 3, Ch. 759, L. 1991; amd. Sec. 2, Ch. 134, L. 2015.

**45-8-325. Permittee change of county of residence -- notification to sheriffs and chief of police.** A person with a permit to carry a concealed weapon who changes the person's county of residence shall within 10 days of the change inform the sheriffs of both the old and new counties of residence of the change of residence and that the person holds the permit. If the person's residence changes either from or to a city or town with a police force, the person shall also inform the chief of police in each of those cities or towns that has a police force.

**History:** En. Sec. 5, Ch. 759, L. 1991; amd. Sec. 1709, Ch. 56, L. 2009.

**The Attorney General's Office has determined that concealed weapons permits from the following states are recognized under Montana law:**

Alabama	Louisiana	Oklahoma
Alaska	Maryland	Oregon
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	South Carolina
California	Minnesota	South Dakota
Colorado	Mississippi	Tennessee
Connecticut	Missouri	Texas
Florida	Nebraska	Utah
Georgia	Nevada	Virginia
Idaho	New Jersey	Washington
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Ohio	

**People who hold permits from the following states may not carry concealed weapons in Montana because their state laws do not expressly require background checks of permit applicants:**

Delaware	Maine
District of Columbia	New Hampshire
Hawaii	Rhode Island

**Vermont does not issue concealed weapons permits.**