

Vernon L. Burdick
Sheriff

"The Birthplace of Montana"

Office Phone: 1-406-622-5451
Fax: 1-406-622-3815
Emergency: 911

Applicant:

We have received your request for a Concealed Weapons Permit. Please read the following information to help us process your application quicker.

According to Section 45-8-321 Montana Code Annotated, we need the following information and copy of the completion of the firearms safety course to continue the processing.

(1) 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 contacted the by Department of Fish, Wildlife and Parks or a similar agency of another state, a national firearms association, a law enforcement agency, an institution of higher education or an organization that used instructors certified by a national firearms association.
- (c)** Completion of law enforcement firearms safety to training course offered to or required of public or private law enforcement personnel and conducted or approved by law enforcement agency.
- (d)** Possession of license from another state to carry a firearm, concealed or otherwise, that is granted by that state upon completion of a course described in subsection (3a) through (3c): or

(2) A photography of a certificate of completion of a course described in section (3), an affidavit from the entity or instructor that conducted the course attesting to completion of the course, or copy of any other document that attest 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).

(3) 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.

A fee of \$50.00 must be included with the application, which is good for four (4) years. Checks will be made out to the **Sheriff of Chouteau County**. You will need to make an appointment to be fingerprinted so that a background investigation may be conducted and there will be a \$5.00 fee charged for this.

If you have any questions concerning the processing of your application, please contact this office during business hours of 8:00am and 4:00pm, Monday through Friday.

Sincerely,

Vernon L. Burdick
Sheriff Chouteau County

Form CWP-01, Rev 01/99

STATE OF MONTANA

CONCEALED WEAPONS PERMIT APPLICATION

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS () YES () NO
CITIZEN OF THE UNITED STATES () YES () NO
18 YEARS OF AGE OR OLDER () YES () NO

This area for use by Chouteau County Sheriff / Coroner's Office only.

CWP# _____

NICS# _____

PLEASE TYPE OR PRINT:

Full Name: _____
Last Name First Name Middle Name

Alias / Maiden / Nicknames: _____

Address: Home: _____
Street City State Zip

Employer: _____
Street City State Zip

Phone: _____ / _____ / _____
Home Employer Message

Place of Birth: _____ Date of Birth: _____

Driver's License#: _____ Issuing State: _____

Social Security#: _____

Height: _____ Weight: _____ Sex: _____ Hair: _____ Eyes: _____

LIST FORMER EMPLOYES OR BUSINESS ENGAGED IN FOR THE LAST FIVE (5) YEARS:

	Employer or Business Name	Address	Dates of Employment
1.-	_____	_____	_____ to _____
2.-	_____	_____	_____ to _____
3.-	_____	_____	_____ to _____
4.-	_____	_____	_____ to _____
5.-	_____	_____	_____ to _____

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST FIVE (5) YEARS:

	City	State	Dates of Residence
1.-	_____	_____	_____ to _____
2.-	_____	_____	_____ to _____
3.-	_____	_____	_____ to _____
4.-	_____	_____	_____ to _____
5.-	_____	_____	_____ to _____

MILITARY SERVICE BRANCH: _____ FROM: _____ TO: _____

HAVE YOU EVER BEEN ARRESTED, CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? () YES () NO.

IF YES, COMPLETE THE FOLLOWING (Exemptions: minor traffic violations).
(Attach additional sheets if necessary).

	City	State	Charges	Dates
1.-	_____	_____	_____	_____
2.-	_____	_____	_____	_____
3.-	_____	_____	_____	_____
4.-	_____	_____	_____	_____
5.-	_____	_____	_____	_____

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS THAT WILL BE CREDIBLE WITNESS TO YOUR GOOD MORAL CHARACTER AND IMPECCABLE DISPOSITION. (DO NOT include relatives or present/ past employers).

	Name	Mailing Address, Street , Zip Code
1.-	_____	_____
2.-	_____	_____
3.-	_____	_____
4.-	_____	_____
5.-	_____	_____

IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT:
(Attach additional sheets 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 to whom this application is made.

Signature

Date of Application

This application must be signed in the presence of the Sheriff or his designee