CONCEALED WEAPON PERMIT INFORMATION

(Montana Statutes 45-8-315 through 45-8-328)

PLEASE READ CAREFULLY: INCOMPLETE APPLICATIONS <u>WILL BE</u> <u>DENIED</u> AND SENT BACK TO THE APPLICANT FOR COMPLETION

APPLICATIONS ARE ACCEPTED ON: WEDNESDAYS NOON TO 4:00 PM and THURSDAYS 10:00 AM TO 2:00 PM

The application fee is \$50.00, payable by check or cash only.

You must also present your Montana Driver's License or ID Card, and proof of weapons training.

Important: The application fee is non-refundable in the event it is determined that you are ineligible to receive a permit.

EXCEPTION: Active military are not required to have a Montana Driver's License or State ID. Active military must present a current Driver's license (valid in any state) and an Active Duty Military Identification Card.

For proof of weapons training, we accept the following:

- Military Discharge Form DD 214 (to request a duplicate form, call MT Veterans Affairs at 755-3795)
- Hunter Safety Certificate (to request a duplicate card, call 752-5501 (local), 444-4046 (Helena), or access online at fwp.mt.gov)
- We may consider a concealed weapons permit from another state
- Any other weapons training certificate from a certified instructor

GENERAL INFORMATION

A concealed weapon includes any weapon that is wholly or partially covered by clothing or wearing apparel. A permit is required if you will be concealing a weapon in an incorporated town (city). A weapon is dirk, dagger, pistol, revolver, slingshot, sword cane, billy, knuckles made of any hard substance, knife having a blade four inches (4") long or longer, razor (not including a safety razor), or other deadly weapon.

You will be ineligible to receive a permit if you:

- Are ineligible under Montana or federal law to own, possess, or receive a firearm;
- Have been charged/awaiting judgment in any state/federal crime, punishable by incarceration for 1 year;
- Have been convicted in any state or federal court in any state of a crime punishable by more than 1 year of incarceration or, 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, violence, bodily or serious bodily harm, unlawful restraint, sexual abuse, or sexual intercourse or contact without consent;
- Have been convicted carrying a concealed weapon while under the influence OR in a prohibited place, unless you have been
 pardoned or 5 years have elapsed since the date of the conviction;
- Have a warrant of any state or the federal government out for your arrest;
- Have been adjudicated in a criminal or civil proceeding in a court of any state or in a federal court to be an unlawful user of an
 intoxicating substance and are 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 are otherwise under state supervision;
- Have been adjudicated in a criminal or civil proceeding in a court of any state or in a federal court to be mentally ill, mentally
 defective, or mentally disabled and are still subject to a disposition order of that court;
- Were dishonorably discharged from the United States Armed Forces.

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 defective, 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.

If you are issued a permit, you may NOT:

- Carry a concealed weapon while under the influence of an intoxicating substance;
- Carry a concealed weapon in a building owned or leased by the Federal, State or local government; bank, credit union, savings
 and loan or similar institution; room in which alcoholic beverages are sold, dispensed and consumed.

The permit may be revoked if any circumstances arise that would require the Sheriff to refuse to grant the permittee an original license. If your permit is revoked, you will be required to surrender it to any peace officer upon notification by the Sheriff.

A person with a permit to carry a concealed weapon who changes his/her county of residence shall within 10 days of the change inform the Sheriff of both the old and new counties of residence of this change of residence and that he holds the permit. If his residence changes either from or to a city or town with a police force, he shall also inform the Chief of Police in each of those cities or towns.

STATE OF MONTANA, COUNTY OF FLATHEAD CONCEALED WEAPON PERMIT 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

ANSWERING "NO" TO ANY OF THE ABOVE QUESTIONS WILL DISQUALIFY YOU.

Do you have a Medical Marijuana Card?	()Yes()No
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ANSWERING "YES" TO THE ABOVE QUESTION WILL AUTOMATICALLY DISQUALIFY YOU.

Please Type or Print

Full Name:				
	Last	First	Mie	ddle
Alias/Maiden/Nickname:				
Place of Birth (State):		Date of Birth: _		
MT Driver's License/ID #: _		Social Security	Social Security #:	
Physical Address:	Street	City	State	Zip
	Olicer	Ony	Olate	Σιμ
Mailing Address:	Street	City	State	Zip
Phone:				
	Home	Work	k Message/Cell	
Employer:		e :		
	Name	City	State	Zip
Sex: Race:	Height:	Weight: Hai	ir: E	yes:
List each former employer o	r business engaged	d in for the last five (5) years (begi	nning with current e	mployer):
Employer/Business	Employer/Business Name Address (co		Date Rang	e From/To
1				
2				
3				

4.	
5.	

List each place in which you have lived for the last five (5) years:

City	State	Date Range From/To			
1					
2					
3					
4					
Military Service: Branch:	Dates From/To:				
Type of Discharge:	Rank upon Discharge:				
Have you EVER been ARRESTED?	() Yes () No				
Have you EVER been CONVICTED OF A CRIME? () Yes () No					
Have you ever been FOUND GUILTY IN A COURT-MARTIAL? () Yes () No					
If <u>YES</u> , please complete the following (Exceptions: minor traffic violations):					
City State	Charge	Date			
1					
2					
3					

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 dispositions. (DO NOT INCLUDE RELATIVES OR PRESENT/PAST EMPLOYERS)

	Name	Address (provide complete mailing address)	Phone
1			
2			
3			

Please explain your reason(s) for requesting this permit:

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 evidence to deny my application.