



Mineral County Sheriff's Office

P.O. Box 99/310 River St., Superior, MT 59872
Phone: (406) 822-3555 Fax (406) 822-3562



CONCEALED WEAPON PERMIT APPLICATION

Failure to complete ALL required sections on this application will result in the applicant needing to resubmit a completed application, before approval can be made by the Sheriff. Additionally, you **MUST** submit proof of firearms familiarity training (see page three (pg.3) for acceptable trainings).

To be completed by each person making application:

HAVE YOU BEEN A RESIDENT OF MONTANA FOR AT LEAST SIX (6) MONTHS? ()Yes ()No

ARE YOU A CITIZEN OF THE UNITED STATES? ()Yes ()No

ARE YOU EIGHTEEN (18) YEARS OF AGE OR OLDER? ()Yes ()No

NEW APPLICATION RENEWAL

PLEASE TYPE OR PRINT LEGIBLY

Full name (last, first, middle): _____

Alias/Maiden/Nickname: _____

Home Address (house/apt #, city, state, zip): _____

Mailing Address (#, city, state, zip): _____

Employer Address: (building #, city, state, zip): _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Place of Birth (city/state): _____ Date of Birth (mm/dd/yyyy): _____

Driver's License #: _____ Issuing State: _____

Social Security # (optional): _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST 5 YEARS:

Employer or Business Name	Address (building #, city, state, zip)	Dates of Employment
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____
6: _____	_____	_____
7: _____	_____	_____
8: _____	_____	_____



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

City	State	Dates of Residence (month & year)
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____
6: _____	_____	_____

**If no military service, mark as not applicable (N/A)*

MILITARY SERVICE (yes or no): _____ BRANCH: _____

DATES OF SERVICE (from/to): _____

TYPE OF DISCHARGE: _____ RANK UPON DISCHARGE: _____

HAVE YOU EVER BEEN ARRESTED **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 sheet(s) if necessary:

	City	State	Charge	Date
1: _____	_____	_____	_____	_____
2: _____	_____	_____	_____	_____
3: _____	_____	_____	_____	_____
4: _____	_____	_____	_____	_____
5: _____	_____	_____	_____	_____
6: _____	_____	_____	_____	_____
7: _____	_____	_____	_____	_____
8: _____	_____	_____	_____	_____



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LIST THREE (3) 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	Address (city & state)	Phone Number
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____

PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT
(Attach additional sheet(s) if necessary):

Pursuant to § 45-8-321, MCA - The following is a list of approved training to satisfy the state requirement for "familiarity with a firearm":

- (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 sections (a) through (c)
- (e) evidence that the applicant, during military service, was found to be qualified to operate firearms, including handguns

You MUST submit a copy of a certificate of completion of a course described above, or 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, that creates a presumption that the applicant has completed a course described above.

*****STOP!!!**

Have you attached a copy of the above required proof of firearms training?

YES

NO



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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. I further understand 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. *Sign below ONLY in the presence of the Sheriff or a Mineral County Sheriff's Office designee.*

.....

Signature

.....

Date of application

This application must be signed in the presence of the Sheriff or a Mineral County Sheriff's Office designee.

THIS SECTION IS FOR OFFICIAL MINERAL COUNTY SHERIFF'S OFFICE USE ONLY

- Complete Application []
- Criminal History Attached []
- Eligibility Confirmed []
- Photo & Fingerprints Completed []
- Copy of ALL documentation in records []

APPROVED () NOT APPROVED ()

SHERIFF OR UNDERSHERIFF SIGNATURE

DATE

IF THE APPLICATION IS APPROVED, AND PERMIT IS GRANTED, MAKE A COPY OF THIS APPLICATION FOR RECORDS, GIVE THE ORIGINAL BACK TO THE APPLICANT.