



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 RENEWAL APPLICATION

- Failure to complete ALL required section on this application will result in the applicant needing to resubmit a completed application, before approval can be made by the Sheriff.
- Renewal Application fee is \$25.00, payable by cash or check only. Application fee is non-refundable in the event it is determined that you are ineligible to receive a permit.
- If your CWP is expired past one (1) business day you must fill out the new application and pay the applicable fees.

Please mark one: Renewal Change of information (must surrender old card) \$5.00

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): _____

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

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

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

Driver's License #: _____ Issuing State: _____

Social Security #: _____

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

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

IF YOU ANSWERED YES, PLEASE COMPLETE THE FOLLOWING: (Exception: minor traffic violations; attach additional sheets if necessary)

	Charges	Date	City	State
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

IN BRIEF DETAIL, EXPLAIN YOUR REASON FOR REQUESTING THIS PERMIT:
(Attach an additional sheet if necessary)



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MEDICAL MARIJUANA CARD HOLDER ADVISORY:

According to 18 U.S.C. 922(g)(3), the use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medical or recreational purposes in the state where you reside.

I have read and understood the Medical Marijuana card holder advisory. (Initials required) _____

I, the undersigned application, 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.