Dear Applicant,

With the increase in Concealed Weapon Permits (CWP), I am requiring you to get a certification before completing the application process under the current Montana Law (MCA 45-8-321). An applicant for a permit under this section must, as a condition to issuance of the permit, be required by the Sheriff to demonstrate the 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, or

b. Completion of a firearm 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 verified by a national firearms association, or

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, or

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 (DD214 form), or

f. A photocopy of a certificate of completion of a course described in subsection (3), and 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 of instructor that conducted the course creates a presumption that the applicant has completed a course described in subsection (3).

If you are interested in an NRA Certified Instructed course, Erik Fritz puts on a certification class. He may be reached at 406-351-1101.

Sincerely,

Sheriff Allen Fulton
STATE OF MONTANA
CONCEALED WEAPON PERMIT APPLICATION

***RENEWAL ONLY***

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

PLEASE TYPE OR PRINT

Full Name ________________________________ Last ______ First ______ Middle ______

Alias/Maiden/Nickname: ________________________________

Address: Home: ________________________________ Street ______ City ______ State ______ Zip ______

Phone: ________________________________ Home

Place of Birth: ________________________________ Date of Birth ________________________________

Driver’s License #: ________________________________ Issuing State: ________________________________

Social Security #: ________________________________ Sex: ________________________________

Ht. __________________ Wt. __________________ Eyes __________________ Hair __________________

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

Prepared by the Attorney General’s Office, Helena, Montana, 59620-1401