



ROSEBUD COUNTY SHERIFF'S OFFICE

180 S 13TH AVENUE, FORSYTH, MT 59327

406-346-2715 OPTION 4

Dear Applicant,

Please read the following instructions carefully:

- 1) If this is a **NEW** application, you will be required to provide a certification demonstrating your familiarity with a firearm. This includes but is not limited to:
 - a) a hunter safety card issued by Montana Fish, Wildlife and Parks, or similar agency of another state (can be printed from FWP website);
 - b) firearms safety class certificate;
 - c) law enforcement firearms safety or training course offered to or required by public or private law enforcement personnel and conducted or approved by law enforcement agency;
 - d) license to carry, concealed or otherwise, issued by another state upon completion of a course demonstrating proficiency in handling a firearm;
 - e) DD214 provided by the military, evidencing you are qualified to operate firearms, including handguns.
- 2) Do **NOT** drop your application off. Appointments are **REQUIRED**. Please call Sydney Mohr at 406-346-2715 (option 4) to schedule an appointment for fingerprints (first time applicants), and to have your photo taken. Appointments are currently being scheduled on Thursdays and Fridays between the hours of 9-11 a.m. and 1-2:30 p.m.
- 3) Do **NOT** sign or date your application before your appointment. The application must be signed in the presence of the Sheriff's designee.
- 3) Your non-refundable application fee of \$50 (for new applications) or \$25 (for renewals) will be collected at the time of your appointment. We will accept cash, checks or debit cards. There will be an additional \$5 fee for use of a debit card. If you are paying in cash, please bring exact change. Checks should be made payable to the Rosebud County Sheriff's Office.
- 4) If your application is approved, your CWP card will be issued and mailed to you as soon as possible. If your application is not approved, you will receive a denial letter in the mail from the Sheriff with the reason for the denial.

Your concealed weapons permit expires in four (4) years.

Sincerely,

SHERIFF ALLEN FULTON



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CONCEALED WEAPONS PERMIT APPLICATION

RESIDENT OF MT (at least 6 months) *	YES	NO
US CITIZEN *	YES	NO
18 YEARS OF AGE *	YES	NO
NEW APPLICATION*	YES	NO
RENEWAL APPLICATION*	YES	NO
TRANSFER APPLICATION*	YES	NO

APPLICANT FULL NAME*	(FIRST)	(MIDDLE)	(LAST)
ALIAS/MAIDEN NAME/NICKNAME			
APPLICANT ADDRESS*	(STREET)	(PO BOX)	(CITY, STATE, ZIP)
APPLICANT EMAIL*			
APPLICANT PHONE*	(CELL)	(HOME)	(WORK)
CURRENT EMPLOYER*	(COMPANY NAME)	(STREET ADDRESS)	(CITY, STATE, ZIP)
EMPLOYER PHONE*			

PERSONAL INFORMATION			
SOCIAL SECURITY #*			
DRIVER LICENSE #*	(NUMBER)	(STATE)	(EXPIRATION)
SEX: MALE/FEMALE*			
PLACE OF BIRTH *	(CITY)	(STATE)	DATE OF BIRTH:*
HEIGHT: *	WEIGHT: *	HAIR: *	EYE: *

EMPLOYMENT HISTORY*			
LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE PAST FIVE (5) YEARS			
1) COMPANY NAME*			
ADDRESS*	(STREET)	(CITY)	(STATE/ZIP)
DATES/EMPLOYED*	(FROM)	(THRU)	
2) COMPANY NAME*			



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ADDRESS*	(STREET)	(CITY)	(STATE/ZIP)
DATES/EMPLOYED*	(FROM)	(THRU)	
3) COMPANY NAME*			
ADDRESS*	(STREET)	(CITY)	(STATE/ZIP)
DATES/EMPLOYED*	(FROM)	(THRU)	
4) COMPANY NAME*			
ADDRESS*	(STREET)	(CITY)	(STATE/ZIP)
DATES/EMPLOYED*	(FROM)	(THRU)	
5) COMPANY NAME*			
ADDRESS*	(STREET)	(CITY)	(STATE/ZIP)
DATES/EMPLOYED*	(FROM)	(THRU)	

PAST RESIDENCES			
List each place you have lived over the last Five (5) years			
1)	(STREET)	(CITY/ST/ZIP)	DATES OF RESIDENCE*
2)	(STREET)	(CITY/ST/ZIP)	DATES OF RESIDENCE*
3)	(STREET)	(CITY/ST/ZIP)	DATES OF RESIDENCE*
4)	(STREET)	(CITY/ST/ZIP)	DATES OF RESIDENCE*
5)	(STREET)	(CITY/ST/ZIP)	DATES OF RESIDENCE*

MILITARY/CRIMINAL HISTORY			
Military Service Branch			
Dates Enlisted	(FROM)	(THRU)	
Type of Discharge			
Rank upon Discharge			



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HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING			YES	NO
IF YES, PLEASE PROVIDE:				
CHARGE	DATE	CITY	STATE	
CHARGE	DATE	CITY	STATE	
CHARGE	DATE	CITY	STATE	
CHARGE	DATE	CITY	STATE	

CREDIBLE WITNESSES*			
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)			
Witness #1	(Name)	(Address)	(Phone#)
Witness #2	(Name)	(Address)	(Phone#)
Witness #3	(Name)	(Address)	(Phone#)

CLOSING QUESTION
IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT: (ATTACH ADDITIONAL SHEET, IF NECESSARY) *

THIS SECTION TO BE COMPLETED AND SIGNED IN THE PRESENCE OF THE SHERIFF OR HIS DESIGNEE
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 mis-statement 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 weapons permit, either public record or otherwise, to furnish the sheriff to whom this application is made.
SIGNATURE OF APPLICANT (TO BE SIGNED IN THE PRESENCE OF THE SHERIFF OR HIS DESIGNEE):
DATE OF APPLICATION:

PLEASE ATTACH CERTIFICATIONS AS REQUIRED

NUMBER OF PAGES ATTACHED _____