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) All applications 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 McClure at 406-346-2715 (option 4) to schedule an appointment for fingerprints (first time applicants), and to have your photo taken.

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 or checks. There is an ATM in the lobby if you do not have cash on you. If you are paying in cash, please bring exact change if possible. Checks should be made payable to the Rosebud County Sheriff's Office (RCSO).

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 five (5) years.

Sincerely,

SHERIFF ALLEN FULTON

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($50.00 New Application Fee- Due upon submission of application)
($25.00 Renewal Application Fee- Due upon submission of application)
($50.00 Fee- if your current permit is expired for 6 months)

TO BE COMPLETED BY EACH PERSON FILLING OUT APPLICATION:

Resident of Montana (at least 6 months)	**( ) YES**	**( ) NO**
Citizen of the United States	**( ) YES**	**( ) NO**
18 years of age	**( ) YES**	**( ) NO**
New Application	**( ) YES**	**( ) NO**
Renewal Application	**( ) YES**	**( ) NO**

PLEASE PRINT OR TYPE:

Full Name: _____
Last **First** **Middle**

Alisa/Maiden/Nickname: _____

Physical Address: _____
Street **City** **State** **Zip Code**

Mailing Address: _____
Po Box **City** **State** **Zip Code**

Employer: _____
Street **City** **State** **Zip Code**

Phone#: _____
Home **Cell** **Work**

Place of Birth: _____**Date of Birth:** _____

Driver's License #: _____**Issuing State**_____ **Expiration Date:** _____

Social Security #: _____ **Sex:** _____ **Race:** _____

Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Revised 09/2026

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List each former employer or business engaged in for the last 5 years:

	Employer or Business	Address	Dates of Employment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

List each place in which you lived for the last 5 years.

	City	State	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Military Service Branch _____From_____To_____

Type of Discharge_____ Rank Upon Discharge _____

Have you ever been found guilty in a court-martial proceeding? ( ) YES ( ) NO

Have you ever been <u>ARRESTED</u> and or <u>CHARGED</u> and or <u>CONVICTED</u> of a crime? ( ) YES ( ) NO
(Exceptions: minor traffic violations)

If <u>YES</u> complete the following:
<u>Failure to disclose incident of crime could result in denial of this application</u>

	City	State	Charge	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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List 3 persons whom you have known for at least 5 years that will be credible witnesses to your good moral character and peaceable disposition.

This must be COMPLETE!!

(DO NOT include relatives or present/past employers)

	Name	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please explain your reasons 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 full knowledge that misstatement mat 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 requirement for a concealed weapon permit, either public record or otherwise, to furnish it to the Sheriff to whom this application is made.

This application MUST be signed in the presence of the Sheriff of his designee.

_____
Applicant Signature

_____
Date of Application

_____
Sheriff/ Designee Signature

Revised 09/2026