



## STILLWATER COUNTY OFFICE OF SHERIFF/CORONER

P.O. Box 729  
Columbus, MT 59019-0729  
(406) 322-5326  
Administrative: (406) 322-4386  
FAX: (406) 322-5328  
E-Mail: [sheriff@cablemt.net](mailto:sheriff@cablemt.net)



**Clifford D. Brophy, Sheriff/Coroner**

**W.G. Claunch, Undersheriff/Deputy Coroner**

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### PROCEDURE FOR MAKING APPLICATION FOR CONCEALED WEAPONS PERMIT

The following items are listed for your convenience to help facilitate the processing of your application. This list may not be all inclusive and should only serve as a guide. You may wish to review certain Montana laws that pertain to your concealed weapons permit. Some of these laws are Montana Code Annotated 45-8-321 through 328 inclusive.

You must:

1. Be a resident of the State of Montana for a least six months and live within Stillwater County.
2. It is **REQUIRED BY LAW** that you complete a certified firearms safety course before an application is submitted. Please provide a copy of certificate or other document showing proof of firearms training, e.g. hunter safety course, NRA approved course, law enforcement civilian training program, military firearms training, or possession of a current concealed weapon permit from another state requiring the same documentation.
3. Applications for a Concealed Weapons Permit will be taken by appointment only. You may schedule an appointment with the Administrative Assistant by calling 322-4386.
4. Applications will be taken on Tuesday, Wednesday and Thursday between the hours of 9:00 A.M. and 11:00 A.M. and the hours of 1:30 P.M. and 3:30 P.M.
5. Return the completed Concealed Weapons Permit application form in triplicate (1-original and 2 copies). **DO NOT SIGN** until you are seen for your appointment. If you do not bring the correct amount of copies, you will be charged an additional \$2 fee.
6. The application fee for a new Concealed Weapons Permit is \$50 fee and the renewal fee is \$25. Please bring exact cash or a personal check made payable to the Stillwater County Sheriff's Office.
7. You will be required to submit to fingerprinting which will cost an additional \$5.00.
8. Please allow approximately 2-3 weeks for approval of your permit. A permit is good for four (4) years. You will not be reminded of your permits expiration.
9. **RENEWALS:** Please be informed that renewals are handled in the same manner as the new application.



LIST EACH FORMER PLACE OF RESIDENCE:

	Street	City	State	Zip
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

MILITARY SERVICE, BRANCH: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ RANK UPON DISCHARGE: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT MARTIAL PROCEEDING: (\_\_\_) Yes (\_\_\_) No

IF YES, COMPLETE THE FOLLOWING (exception: minor traffic violations; attach additional sheets if necessary):

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

LIST THREE 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	Street Address/City/State	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

