

**GRANITE COUNTY SHERIFF'S OFFICE**

115 W. KEARNEY ST  
PO BOX 188  
PHILIPSBURG, MONTANA  
59858

**PHONE:** (406) 859-3251  
**FAX:** (406) 859-3252



**MONTANA CONCEALED WEAPONS PERMIT – CWP**

**REQUEST TO RENEW**

I, \_\_\_\_\_, am requesting to renew my **Montana Concealed Weapons Permit**.

My current permit expires on \_\_\_\_\_.  
(MM/DD/YYYY)

\*Please attach your **\$25.00** renewal fee receipt from the Granite County Treasurers Office to this form.

If there has been any changes to your address or phone number, please list any and all changes below.

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By signing this form, I affirm that nothing has changed that would affect the renewal of my CWP.

X \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_