

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) - Application

ALL GRANITE COUNTY APPLICANTS FOR A CONCEALED WEAPONS PERMIT, MUST DEMONSTRATE FAMILIARITY WITH A FIREARM BY:

- 1.) 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.
- 2.) Completion of a firearms 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 certified by a National Firearms Association*
- 3.) 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 above.
- 4.) Evidence that the applicant, during military service, was found to be qualified to operate firearms, including handguns.

Jerry Bailey is a locally trained and certified firearms instructor.
He can be reached by phone at (406) 560-7110.

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Complete all fields as accurately as possible

Have you been a Montana resident for at least six (6) months? _____ Yes _____ No

Are you a citizen of the United States of America? _____ Yes _____ No

Are you 18 years of age or older? _____ Yes _____ No

*Please print

Full name: _____

Last

First

MI.

List any Aliases/Maiden or Nicknames: _____

Phone Number: _____

Current Address: _____

Address

city/state/zip

Employer: _____ **Employer Phone:** _____

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

City/State

(YYYY/MM/DD)

Driver's License No.: _____ **State:** _____ **Expires:** _____

Social Security Number: _____ **Sex:** Male _____ Female _____

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

LIST EACH FORMER EMPLOYER OR BUSINESSS ENGAGED IN FOR THE LAST 5 YEARS:

Employer or Business Name:	Phone Number:	Dates Employed:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST 5 YEARS:

City:	State:	Dates:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Military Service: Yes _____ No _____

If Yes, what branch: _____ from: _____ to: _____

Type of Discharge: _____ Rank Upon Discharge: _____

Have you ever been tried or found guilty in a court-martial proceeding? Yes _____ No _____

Have you ever been arrested or convicted of a crime? Yes _____ No _____

If Yes, Complete the following: (*Exceptions: minor traffic violations*)

Date:	City:	State:	Charge:	Disposition:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a Veteran of Foreign War? ___ Yes ___ No

Are you a Retired Peace Officer? ___ Yes ___ No

References: List three (3) references of persons with whom you have known for at least five (5) years that will be credible witness to your character, disposition etc. ***DO NOT list relatives or present/past employers.**

First and Last Name:	City/State:	Contact Number:
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____

Please explain your reasoning 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 the full knowledge that any misstatement may 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 requirements for a concealed weapons permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

Signature: _____ **Date:** _____