

STATE OF MONTANA  
CONCEALED WEAPON PERMIT RENEWAL APPLICATION

**Incomplete applications will not be processed.**

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS ( ) Yes ( ) No  
CITIZEN OF THE UNITED STATES OR  
PERMANENT LAWFUL RESIDENT ( ) Yes ( ) No  
18 YEARS OF AGE OR OLDER ( ) Yes ( ) No

PLEASE TYPE OR PRINT

Full Legal Name: \_\_\_\_\_  
Last First Middle (Not Initials/Not Maiden Name)

Full Birth Name: \_\_\_\_\_  
(full name as it is written on your birth certificate)

Alias/Maiden/Married/Nickname: \_\_\_\_\_

Address - Home: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_  
Name Street City State Zip

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home # Employer # Cell#

Place Of Birth: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Driver's License or State ID or Tribal ID #: \_\_\_\_\_ Issuing State or Tribal Government: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
(\*\*\*See footnote)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

HAVE YOU BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? ( ) Yes ( ) No

IF YES, COMPLETE THE FOLLOWING (Exceptions: Minor Traffic Violations)

(Attach additional sheet if necessary)

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

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 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 weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

Expiration Date of old permit: \_\_\_\_\_

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

This application must be signed in the presence of the sheriff or his designee.

\*\*\*In the processing of this application, a NICS records check is required. The designation of race is required for this check.

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For Department Use Only
NICS Transaction Number _____
Approved _____ Denied _____ Date _____
Signed: _____ Sheriff