

STATE OF MONTANA

CONCEALED WEAPON PERMIT APPLICATION FOR LAKE COUNTY



Must be completed by each person making application:

Resident of Montana at least six (6) months () Yes () No
Citizen of the United States () Yes () No
Eighteen (18) years of age or older () Yes () No

Renewal New Transfer (from county/state)

This area for Lake County Sheriff's Office Use Only
AMOUNT DUE: RECEIPT #
CWP # NICS #

PLEASE TYPE OR PRINT

Full Name Last First Middle
Alias/Maiden/Nickname:

Address - Home: Street City State Zip
- Work: Street City State Zip

Phone: Home Employer Message/Cell

Place of Birth: Date of Birth:

Driver's License # Issuing State:

Social Security # Male or Female (circle one)

Height: Weight: Eyes: Hair:

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE PAST FIVE (5) YEARS:
Employer or Business Name Address Dates of Employment

- 1.
2.
3.
4.
5.

LIST EACH FORMER PLACE OF RESIDENCE:
Street City State Zip

- 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 or whom this application is made.

I understand that federal and state laws on possession of firearms and other weapons differ and a person who violates the federal law may be prosecuted in federal court; this permit will not be a defense.

If any circumstances arise that requires the Sheriff to revoke the permit, I will surrender the concealed weapons permit to any peace officer after notification by the Sheriff.

MEDICAL MARIJUANA CARD HOLDER ADVISORY: According to 18 U.S.C. 922(g)(3), the use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.

I have read and understand the Medical Marijuana card holder advisor (Initial) _____

I have read and understand all of the above:

Applicant Signature: _____

Date: _____

**PLEASE ATTACH ANY OF THE FOLLOWING TO APPLICATION:
COPY OF FIREARMS TRAINING CERTIFICATION, DD 214 OR HUNTER SAFETY
CERTIFICATION.
PERMIT WILL NOT BE ISSUED WITHOUT ONE.**

**YOU CAN FIND YOUR MONTANA HUNTER SAFETY CERTIFICATION AT THIS
LINK: <http://fwp.mt.gov/education/hunter/born.html>**

BRING TO APPOINTMENT OF ISSUING THE PERMIT:

- **PHOTO ID MUST BE PRESENTED WHEN PERMIT IS ISSUED.**
- **IF NEW APPLICATION: IF NOT INCLUDED WITH THE APPLICATION, BRING A COPY OF THE PROOF OF SAFETY TRAINING. SEE SHERIFF'S WEB PAGE OR INSTRUCTIONS FOR ALLOWABLE PROOF.**
- **A PERSONAL CHECK, MONEY ORDER, OR EXACT AMOUNT IN CASH, WE ARE NOT ABLE TO MAKE CHANGE. WE DO NOT ACCEPT CREDIT CARDS.
Original fee is \$50.00. Renewals are \$25.00**