



LAKE COUNTY SHERIFF'S OFFICE STATE OF MONTANA CONCEALED WEAPON PERMIT APPLICATION

THIS FORM IS FOR RENEWAL APPLICANTS:

PLEASE READ CAREFULLY: INCOMPLETE or INACCURATE APPLICATIONS WILL BE DENIED AND SENT BACK TO THE APPLICANT FOR COMPLETION

**APPLICATIONS ARE ACCEPTED AT THE COURTHOUSE ON:
WEDNESDAY'S, THURSDAY'S, AND FRIDAY'S FROM 1:00 PM UNTIL 5:00 PM**

- . The renewal application fee is \$25.00, payable by check or cash only. Application fee is non-refundable in the event it is determined that you are ineligible to receive a permit.
- . You must present your Montana Driver's License or ID card, and current Montana CWP card.

IF YOUR CWP IS EXPIRED PAST ONE (1) BUSINESS DAY YOU MUST FILL OUT THE NEW APPLICATION AND PAY THE APPLICABLE FEES.

Please check one: () Renewal () Change of information (must surrender old card)

Please type or print clearly.

Full name: _____
Last
First
Middle

Alias/Maiden name: _____

Physical Home Address: _____
Street
City
State
Zip

Mailing Address: _____
PO Box/ Street
City
State
Zip

Phone Numbers: _____ / _____ / _____
Home
Cell
Work

Current Employer: _____
Name & Address
City
State
Zip

Place of Birth (State): _____ Date of Birth: _____ / _____ / _____

Montana Driver's License/ID#: _____ Expiration Date: _____ / _____ / _____

Social Security #: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

- Have you ever been found guilty in a Court Martial proceeding: YES () NO ()
 Have you ever been arrested for a crime: YES () NO ()
 Have you ever been convicted of a crime: YES () NO ()



LAKE COUNTY SHERIFF'S OFFICE STATE OF MONTANA CONCEALED WEAPON PERMIT APPLICATION

IF YOU ANSWERED YES TO ANY OF THESE PLEASE COMPLETE THE FOLLOWING:

(Exception: minor traffic violations; attach additional sheet if necessary)

Charges	Date	City	State
---------	------	------	-------

1. _____

2. _____

IN BRIEF DETAIL, PLEASE EXPLAIN YOUR REASON FOR REQUESTING THIS PERMIT:

(Attach an additional sheet if necessary)

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 advisory. (Initials required) _____

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 weapon permit, either public record or otherwise, to furnish it to the Sheriff to 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 federal or other states laws may be prosecuted in another state or jurisdiction, and 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.

THIS MUST BE SIGNED IN FRONT OF THE SHERIFF OR A DESIGNEE!

I have read and understand all of the above:

Applicant Signature: _____ Date: _____