



RAVALLI COUNTY SHERIFF'S OFFICE  
205 BEDFORD ST. SUITE G  
HAMILTON, MT. 59840  
(406)375-4060

STEPHEN HOLTON, SHERIFF  
JESSE JESSOP, UNDERSHERIFF

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## (NEW) CCW APPLICATION INSTRUCTIONS

At the time you submit your CCW application, you must provide the Sheriff's Office with the following:

1. We accept cards, cash (**exact change**) or check in the amount of \$65.00 to cover the cost of processing and fingerprinting.

\*The fees for processing your CCW application are nonrefundable even if your application is denied.

\* **Incomplete applications will not be processed.** Please put in your full name.

2. A Certificate of Completion of a firearm safety course as described in Subsection (3) of the Montana Statutes, an affidavit from the entity or instructor that conducted the course attesting to completion of the course, or a copy of any other document which attests to completion of the course and can be verified through contact with the entity or instructor that conducted the course. Examples: Hunter Safety Course, NRA Firearm Safety Course, Military DD-214.
3. A Valid Montana Driver's License or other form of picture ID issued by the State of Montana.
4. Fingerprinting for Concealed Weapon Permits is done at the Ravalli County Sheriff's Office on Tuesdays, Wednesdays and Thursdays from 8:00am to 11:00am and 2:00pm to 4:30pm. Fingerprints will not be done between 11:00am and 2:00pm. Show the person that is fingerprinting your completed application so that they can mark on it that you have been fingerprinted.
5. Your completed application, fingerprints and payment will be accepted at the Ravalli County Sheriff's Office on the Main floor of the same building, same floor.

\*Failure to complete the CCW application honestly may result in the denial of your permit.

\*The Sheriff's Office can take your photo and signature when you turn in your application And then mail your permit to you once it has been approved.

- Your Social Security Number is **required** on your application but will not appear on your permit.

|                                |                                  |   |
|--------------------------------|----------------------------------|---|
| NICS # _____                   | NCIC <input type="checkbox"/>    | Firearm Safety/DD214 <input type="checkbox"/> |
| CCW Permit # _____             | Fee Pd. <input type="checkbox"/> | Photo ID <input type="checkbox"/>             |
| Expiration Date ____\____\____ | Permit Authorize by: _____       |   |
| *Official use only.            | Date Authorized: _____           |   |

# STATE OF MONTANA

## CONCEALED WEAPON PERMIT APPLICATION

To be completed by the applicant and submitted in person

- Are you a resident of Montana of at least 6 Months  YES  NO  
 Are you a Citizen of the United States  YES  NO  
 Are you 18 Years of age or older  YES  NO

### PLEASE PRINT OR TYPE

Full Name \_\_\_\_\_  
Last First Middle

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

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

Employer: \_\_\_\_\_  
Zip

Phone: Home \_\_\_\_\_ / Work \_\_\_\_\_ / Message \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License# \_\_\_\_\_ Issuing State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender  Male  Female

\*Social Security Number will NOT appear on you permit, however it is necessary for your background check.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

Military Service, Branch: \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Please describe and Scars, Marks and Tattoos that you may have:

**LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE PAST (5) YEARS:**

| <b>Employer or Business</b> | <b>Address</b> | <b>Date of Employment</b> |
|-----------------------------|----------------|---------------------------|
| 1.) _____                   | _____          | _____                     |
| 2.) _____                   | _____          | _____                     |
| 3.) _____                   | _____          | _____                     |
| 4.) _____                   | _____          | _____                     |
| 5.) _____                   | _____          | _____                     |

**LIST EACH PLACE YOU HAVE LIVED FOR THE PAST (5) YEARS:**

| <b>City</b> | <b>State</b> | <b>Length of Residence</b> |
|-------------|--------------|----------------------------|
| 1.) _____   | _____        | _____                      |
| 2.) _____   | _____        | _____                      |
| 3.) _____   | _____        | _____                      |
| 4.) _____   | _____        | _____                      |
| 5.) _____   | _____        | _____                      |

**LIST THE THREE (3) PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST (5) YEARS.  
THEY ARE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION  
(DO NOT INCLUDE RELATIVES OR PRESENT/PAST EMPLOYERS):**

| <b>Name</b> | <b>Address</b> | <b>Phone</b> |
|-------------|----------------|--------------|
| 1.) _____   | _____          | _____        |
| 2.) _____   | _____          | _____        |
| 3.) _____   | _____          | _____        |

PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT (Attach additional sheet if necessary):

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**THE FOLLOWING QUESTIONS ARE VERY SPECIFIC. IF YOU HAVE EVER BEEN ARRESTED FOR ANY REASON, YOU MUST MARK "YES". THIS INCLUDES ANY INCIDENT. EVEN IF YOU WERE NOT CHARGED, THE CHARGES WERE DISMISSED OR BELIEVE THAT THE CHARGES WERE REMOVED FROM YOUR RECORD.**

**LESS THAN TRUTHFUL RESPONSES WILL RESULT IN THE DENIAL OF THIS APPLICATION. AGAIN, THIS INCLUDES ANY ARREST OR CHARGE OR CONVICTION EVER.**

1. Have you ever been arrested?:  YES  NO
2. Have you ever been charged with any crime, misdemeanor or Felony?  YES  NO
3. Have you ever been convicted of any crime, OR, found Guilty in a Military Court Martial Proceeding?  YES  NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, 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 may be sufficient cause for denial or revocation of my permit to carry a concealed weapon. I authorize any person having information concerning me that relates to the information requested by this application and requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the Sheriff to whom this application is made.

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Date

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Signature of Applicant

Signature witnessed by: \_\_\_\_\_ (initials)

\*This application must be signed in the presence of the Sheriff or a designee.

\*\*\*\*\*NOTICE\*\*\*\*\*

When it is time to renew you Concealed Weapon Permit, (4 years from the Date of issue), you must start the renewal process prior to your date of expiration. If your permit is even (1) day after the expiration date, you must start the application process all over again and pay the full fee of \$65.00. Renewal fee is \$35.00.