



Office of the  
**SHERIFF / CORONER JEFFERSON COUNTY**

P.O. Box 588 Boulder, Montana 59632  
Phone (406) 225-4075 Fax (406) 225-4145

Sheriff Craig Doolittle

Undersheriff Mike Johnson

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## Concealed Weapons Permit Instruction Sheet & Application

### Conditions to be met per MCA 45-8-321:

1. US Citizen
2. 18 years or older
3. Must have valid Montana Drivers License or other picture I.D. issued by the State of Montana.
4. Must be a resident of the State of Montana for a *minimum* 6 months.
5. Not have been convicted of a crime listed under MCA 45-8-321.
6. Must provide certificate of proof of weapon safety education qualification or approved firearms safety training course and satisfactory completion. MCA 45-8-321-3
7. Must properly fill out, to its entirety, the application form prior to designated appointment and sign in presence of Sheriff or his designee.
8. Fingerprints and picture will be done at the Sheriff's Office.

The application must be accompanied by a non-refundable \$55 fee (\$25 for renewal).

### Change of County Residency:

Permit holder within 10 days (of moving to a different county) must inform the Sheriff and Chief of Police of both counties if county residence is changed.

### Renewals:

**45-8-322. Application, renewal, permit, and fees.** "The permit must be renewed for additional (four) 4-year periods upon payment of a \$25 fee for each renewal and upon request for renewal made within **90 days before** expiration of the permit." **No exceptions.**

## **An appointment is required for *all* permit application submissions; NEW AND RENEW.**

Call Amanda at 406-225-4079 or email [amorgan@jeffersoncounty-mt.gov](mailto:amorgan@jeffersoncounty-mt.gov) to schedule an appointment. Include a name and good callback number if leaving emails or voice-mails. Do not drop off applications at the office ahead of time, please bring them with you to your appointment.

You may also schedule online at <https://calendly.com/amorgan-cwp>

**\*\*\*Plan for, at minimum, 2 weeks in advance for all appointments. \*\*\***

**Use the QR code to go directly to the on-line scheduler.**

### **Costs:**

New Permit - \$55 (application & fingerprinting)

Renewal/Transfer (not expired permit) - \$25

**The fees are accepted in personal check or exact cash ONLY.**

The fee is non-refundable regardless if the permit is issued or denied.



The Attorney General's Office has determined that concealed weapons permits from the following states are recognized under Montana law:

Alabama	Louisiana	Oklahoma
Alaska	Maryland	Oregon
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	South Carolina
California	Minnesota	South Dakota
Colorado	Mississippi	Tennessee
Connecticut	Missouri	Texas
Florida	Nebraska	Utah
Georgia	Nevada	Virginia
Idaho	New Jersey	Washington
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Ohio	

People who hold permits from the following states may not carry concealed weapons in Montana because their state laws do not expressly require background checks of permit applicants:

Delaware	Maine
District of Columbia	New Hampshire
Hawaii	Rhode Island

**Vermont does not issue concealed weapons permits.**

**For further information please visit these websites:**

MCA Code Annotated Title 45, Chapter 8, Part 3 [www.leg.mt.gov/bills/mcs/index.html](http://www.leg.mt.gov/bills/mcs/index.html)

<https://dojmt.gov/enforcement/concealed-weapons/>



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# Concealed Weapon Permit APPLICATION

*Fill in all items as accurately & completely as possible  
Omissions could entail denied application*

**Check One:**

- RENEWAL
- NEW
- TRANSFER ( \_\_\_\_\_ )

Phone: \_\_\_\_\_

INDICATED NAME OF COUNTY IN WHICH PERMIT WAS ORIGINALLY ISSUED

- Are you a citizen of the United States?  YES  NO
- Have you been a resident of the State of Montana for at least 6 months?  YES  NO
- Are you 18 years of age or older?  YES  NO

**Please Type Or Print Legibly**

Full Name: Last: \_\_\_\_\_, First: \_\_\_\_\_, M: \_\_\_\_\_

List any Aliases/ Maiden or Nicknames: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Address: Home: \_\_\_\_\_, \_\_\_\_\_  
Physical Street/Location City/State/Zip

o **Mailing Address:** \_\_\_\_\_, \_\_\_\_\_  
City/State/Zip

Place of Birth: \_\_\_\_\_, Date of Birth: \_\_\_\_\_  
City/State Month/Day/Year

Driver's License No: \_\_\_\_\_, Expires: \_\_\_\_\_, Issuing State: \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_

**Sex:**  M  F **Height:** FT \_\_\_\_\_ IN \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**List ALL employers or business activity for the last 5 years:**

Employer or Business Name	City, State, Phone Number	Dates Employed or in Operation
1.		
2.		
3.		
4.		
5.		

**List each place in which you have lived for the last 5 years:**

Address	City / State	Dates
1.		
2.		
3.		
4.		
5.		

**Military Service:** Yes No Branch: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_ Rank upon discharge: \_\_\_\_\_

-Have you ever been **arrested or convicted** of a crime? Yes No  
 -Have you ever been tried or found guilty in a court-martial proceeding? Yes No

*If yes, complete the following. Omissions could entail denied application: (Exempt: minor traffic violations)*

City	State	Charge	Disposition	Date

Explanation if necessary: \_\_\_\_\_

**References:** List (3) persons whom you have known for at least (5) years that will be credible witnesses to your good moral character and peaceable disposition.

*\*Do not list relatives or present/past employers.*

Name	Address: street / city / state / ZIP	Telephone/Cell Number

Please explain your reasons for requesting this permit below. *\*Attach additional comments if necessary.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\* This application must be signed in the presence of the Sheriff or his designee. Do not sign in advance \*\*\***

*I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and 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.*

**\*\*\*DO NOT SIGN, this application must be signed in the presence of the Sheriff or his designee.\*\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_