



STATE OF MONTANA, COUNTY OF BIG HORN
Concealed Weapons Permit Application

Incomplete Applications Will Not Be Processed.

**** PAYMENT ACCEPTED UPON THE APPROVAL OF THE PERMIT ****

To Be Completed by Applicant

	NEW	RENEWAL
		Exp. Date: _____
Resident of Montana for at least 6 months?	YES	NO
Citizen of the United States?	YES	NO
18 years of age or older?	YES	NO
Big Horn County Resident?	YES	NO

PLEASE PRINT OR TYPE

Full Name: _____
Last First Middle

Alias/Maiden/Nickname: _____

Physical Address: _____
Street/Apt # City State Zip

Mailing Address: _____
Street/Apt # or PO Box City State Zip

Phone: _____ / _____ / _____
Home Message/Cell Work

Email Address: _____

Employer Name: _____

Employer Address: _____
Street City State Zip

Place of Birth: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____ Expires: _____

*Social Security #: _____ Race: _____

Will NOT appear on your permit, however it is required for your background check

Sex: _____ Hgt.: _____ FT _____ IN Wt.: _____ Hair: _____ Eyes: _____

Do you have firearms training? YES NO

Do you have Hunter's Education training? YES NO

If you do not have a certificate of completed training in either course you will be required to complete a firearms knowledge checklist and hands-on Range Day with the Firearms Instructor to show them you have the proper knowledge to use a firearm.

MILITARY SERVICE

YES NO Branch: _____ From: _____ to _____

Type of Discharge: _____ Rank Upon Discharge: _____

LIST ALL EMPLOYERS OR BUSINESS ACTIVITY FOR THE PAST FIVE (5) YEARS:

Employer or Business Name	Address	Dates of Employment
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____

- _____
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- _____

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS:

City	State	Dates of Residence
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____
▪ _____	_____	_____

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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. Are you under indictment or information in any court for a felony , or any other crime for which the judge could imprison you for more than one year, or are you a current member of the military who has been charged with violation(s) Of the Uniform Code of Military Justice and whose charge(s) have been referred to a general court-martial?	YES	NO
2. Have you ever been convicted in any court, including a military court, of a felony , or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?	YES	NO
3. Are you a fugitive from justice?	YES	NO
4. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: 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.	YES	NO
5. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution?	YES	NO
6. Have you ever been discharged from the Armed Forces under dishonorable conditions?	YES	NO
7. Are you subject a court order, including Military Protection Order issued by a military judge or magistrate, restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?	YES	NO
8. Have you ever been convicted in any court of a misdemeanor crime of domestic violence, or are you or have you ever been a member of the military and been convicted of a crime that included, as an element, the use of force against a person?	YES	NO
9. Have you ever renounced your United States citizenship?	YES	NO
10. Are you an alien illegally or unlawfully in the United States?	YES	NO

*If you answered **YES**, complete the following (Attach additional sheet if necessary):*

	City	State	Charge	Disposition	Date
▪	_____	_____	_____	_____	_____
▪	_____	_____	_____	_____	_____
▪	_____	_____	_____	_____	_____
▪	_____	_____	_____	_____	_____
▪	_____	_____	_____	_____	_____

LIST THREE (3) PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST FIVE (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	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT (ATTACH ADDITIONAL SHEET IF NECESSARY):

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.

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

I have read and understand all the above:

***This application MUST be signed in the presence of the Sheriff or designee.**

Signature Date

Signature witnessed by: _____ (initials)

<u>FOR OFFICIAL USE ONLY:</u>			
Received By: _____	Date: _____	Photo: Y N	Fingerprints: Y N
Background Check: _____	Date: _____	Completed: _____	Date: _____
Permit #: _____	NTN: _____	DOJ #: _____	Exp. Date: _____

BIG HORN COUNTY SHERIFF'S OFFICE
CONCEALED WEAPONS PERMIT PERSONAL REFERENCE QUESTIONNAIRE

DATE: _____

NAME OF CCW APPLICANT: _____

REFERENCE INFORMATION:

(NAME)

(ADDRESS)

(DAYTIME PHONE NUMBER)

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____
2. ARE YOU A RELATIVE OR PRESENT/PAST EMPLOYER OF THE APPLICANT?

3. ARE YOU WILLING TO BE A WITNESS TO THE APPLICANT'S GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION? _____ YES _____ NO

SIGNATURE OF PERSON COMPLETING THIS QUESTIONNAIRE

**BIG HORN COUNTY SHERIFF'S OFFICE
CONCEALED WEAPONS PERMIT PERSONAL REFERENCE QUESTIONNAIRE**

DATE: _____

NAME OF CCW APPLICANT: _____

REFERENCE INFORMATION:

(NAME)

(ADDRESS)

(DAYTIME PHONE NUMBER)

4. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

5. ARE YOU A RELATIVE OR PRESENT/PAST EMPLOYER OF THE APPLICANT?

6. ARE YOU WILLING TO BE A WITNESS TO THE APPLICANT'S GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION? _____ YES _____ NO

SIGNATURE OF PERSON COMPLETING THIS QUESTIONNAIRE

BIG HORN COUNTY SHERIFF'S OFFICE
CONCEALED WEAPONS PERMIT PERSONAL REFERENCE QUESTIONNAIRE

DATE: _____

NAME OF CCW APPLICANT: _____

REFERENCE INFORMATION:

(NAME)

(ADDRESS)

(DAYTIME PHONE NUMBER)

7. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

8. ARE YOU A RELATIVE OR PRESENT/PAST EMPLOYER OF THE APPLICANT?

9. ARE YOU WILLING TO BE A WITNESS TO THE APPLICANT'S GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION? _____ YES _____ NO

SIGNATURE OF PERSON COMPLETING THIS QUESTIONNAIRE