



## **PROCEDURES FOR MAKING APPLICATION FOR CONCEALED WEAPONS PERMIT**

### **REQUIREMENTS:**

\*You must be 18 years of age and a resident of the State of Montana for at least 6 months.

\*Any criminal conviction may result in denial of the permit.

**\*YOU MUST LIST EACH AND EVERY ARREST ON THE CCW APPLICATION TO INCLUDE DUI'S, CRIMINAL NOTICE TO APPEAR, CRIMINAL SUMMONS, AND ARREST WARRANTS.**

**\*OMISSION OF ANY OF THE ABOVE INFORMATION WILL RESULT IN DENIAL OF THE PERMIT.**

\*It is ***REQUIRED BY LAW*** that you complete a certified firearms safety course before an application is submitted. Acceptable proof would be: Montana Hunters Safety Card (Bow Hunters Card does not apply), a DD-214; or any other NRA Certified Instructional course. Photocopy of certification that can be verified through contact with the entity or instructor that conducted the course.

\***Online Courses** - Only online courses certified by a national firearms association will be accepted. A copy of your certificate, along with proof of familiarity (hands-on) training, and course outline is required. Example: completing NRA certified online course, and then obtaining a certificate from local certified NRA instructor showing familiarity (hands-on) with firearms.

\*If you have a permit issued from any other Montana county you will need to follow the procedure for **NEW or EXPIRED** permits. Yellowstone County cannot renew permits issued by other Montana counties.

### **APPOINTMENTS:**

#### **\*NEW Permit Applications-**

Application for **NEW** Concealed Weapons Permits will be taken by **APPOINTMENT ONLY**. Please schedule your appointment online at the following link. <http://www.co.yellowstone.mt.gov/sheriff/weapons.asp>

Or visit the Yellowstone County website, and follow the link "weapons permits". Please bring your completed, but **UNSIGNED** application form, your proof of firearms training, three completed/signed, and witnessed reference forms from the application packet, fee, and your Montana driver's license. When making your online appointment please print out your confirmation number, and bring it with you to your appointment.

**\*EXPIRED CCW Permit Applications-**

Application for **EXPIRED** Concealed Weapons Permits will be taken by **APPOINTMENT ONLY**. Please schedule your appointment online at the following link

<http://www.co.yellowstone.mt.gov/sheriff/weapons.asp>

Or visit the Yellowstone County website, and follow the link “weapons permits”. Please bring your completed, but **UNSIGNED** application form, your proof of firearms training, three completed, signed, and witnessed reference forms from the application packet, fee, and your Montana driver’s license. When making your online appointment please print out your confirmation number, and bring it with you to your appointment.

\* **RENEWALS**: If you are renewing a **NON-EXPIRED YELLOWSTONE COUNTY CCW** permit, please drop your completed and unsigned application packet (w/completed reference forms), non-expired Yellowstone County CCW permit, and fee, off at the second floor of the YCSO Detective Division located at 2550 3<sup>rd</sup> Ave. North. Please bring a valid Montana ID, and the clerk will witness your signature on the application. A new photo will be taken when bringing in your paperwork. Drop off times are between **8:30 AM to 3:30 pm** Monday thru Friday.

**\*Renewal of CCW permits issued by other Montana counties requires an appointment and completion of the “New permit Application” process outlined above.**

\* For ALL applications bring your completed, but **UNSIGNED** application form, your proof of firearms training, three completed, signed, and witnessed reference forms from the application packet, fee, and your Montana driver’s license.

\* **APPOINTMENT LOCATION**: 2nd Floor of the Sheriff’s Office at 2550 3rd Avenue North.

\* **APPLICATION FEES**: New Concealed Weapons Permit \$60.00  
Renewal \$35.00.

\* Please bring exact cash or a personal check. This fee is non-refundable.

\* **Please allow up to sixty (60) days for approval of your permit.** A Permit is good for four (4) years. You will not be reminded of your permits expiration. **Sixty (60) days should be allowed for processing of new applications.**

**Checklist:** New, other Montana Counties, or expired CCW permit application- By Appointment only

- Completed/Unsigned application
- Three (3) completed, signed, witness reference forms
- Proof of certified firearms safety course
- Appointment confirmation number
- Photo ID
- Other Montana County CCW permit if applicable
- Fee

Non-expired Yellowstone County Renewal- Drop off

- Completed/Unsigned application
- Three (3) completed, signed, witness reference forms
- Proof of certified firearms safety course, or Non-expired Montana CCW permit
- Photo ID
- Non-Expired Yellowstone County CCW permit
- Fee

If you do not have internet access to make an appointment please call 406-256-6941 or 406-256-2939.

**STATE OF MONTANA  
CONCEALED WEAPON PERMIT APPLICATION**

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS ( ) Yes ( ) No

CITIZEN OF THE UNITED STATES ( ) Yes ( ) No

18 YEARS OF AGE OR OLDER ( ) Yes ( ) No

PLEASE TYPE OR PRINT

Full name: .....

Last                      First                      Middle                      Alias/Maiden/Nickname:

Address: Home: .....

Street                      City                      State                      Zip

Phone: .....

Home                      Employer                      Message

E-mail address (optional): .....

Place of birth:.....Date of birth: .....

Driver's license #:.....Issuing State .....

Social Security #:..... Sex ..... Ht. .... Wt. .... Eyes ..... Hair .....

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST 5 YEARS:

Employer or business name                      Address                      Dates of employment

1. ....
2. ....
3. ....
4. ....
5. ....

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST 5 YEARS:

City                      State                      Dates of residence

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

MILITARY SERVICE, BRANCH ..... FROM ..... TO.....  
TYPE OF DISCHARGE ..... RANK UPON DISCHARGE.....

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? ( ) YES ( ) NO

IF YES, COMPLETE THE FOLLOWING (Exceptions: minor traffic violations)

(Attach additional sheet if necessary): City State Charge Date

1. ....
2. ....
3. ....

LIST THREE 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 include relatives or present/past employers):

	Name	Address	Phone
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....

IN COMPLETE DETAIL, 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 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.

Signature .....

.....

Date of application

This application must be signed in the presence of the sheriff or a designee.

# *Yellowstone County*



OFFICE OF THE SHERIFF

P.O. BOX 35020  
BILLINGS, MT 59107-5020  
(406) 256-2939  
(406) 256-2949 FAX

**References:** Please have the attached (3) reference forms completed by your personal references. Your references must have known you for a **minimum of 5 years** to be eligible to complete the form. If you fail to provide the required reference forms (3 references of longer duration than 5 years) your application will be denied. The references must be the same three listed on your application, and do not use relatives or past/present employers. The forms must be signed, witnessed, and returned with your application on your appointment date.

# Yellowstone County Sheriff's Office



## CWP Personal Reference Questionnaire

Date \_\_\_\_\_

Applicant for CWP \_\_\_\_\_

### Reference Person Completing Questionnaire:

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

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

1. How long have you known the applicant?
2. Is the applicant knowledgeable in the use of firearms, especially handguns?
3. Does the applicant exercise good judgment?
4. Is the applicant a threat to the peace or good order of the community?
5. Has the applicant ever been hospitalized or medicated for any type of mental disorder?
6. Does the applicant abuse alcohol or drugs?
7. Is the applicant a member of an anti-American organization or terrorist group?
8. Do you recommend that the applicant receive a concealed weapons permit?
9. Please explain why or why not (ref to question #8)?
10. Are you a relative or present/past employer of the applicant?

Signature of reference completing questionnaire: \_\_\_\_\_

Witness: \_\_\_\_\_

# Yellowstone County Sheriff's Office



## CWP Personal Reference Questionnaire

Date \_\_\_\_\_

Applicant for CWP \_\_\_\_\_

### Reference Person Completing Questionnaire:

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

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

1. How long have you known the applicant?
2. Is the applicant knowledgeable in the use of firearms, especially handguns?
3. Does the applicant exercise good judgment?
4. Is the applicant a threat to the peace or good order of the community?
5. Has the applicant ever been hospitalized or medicated for any type of mental disorder?
6. Does the applicant abuse alcohol or drugs?
7. Is the applicant a member of an anti-American organization or terrorist group?
8. Do you recommend that the applicant receive a concealed weapons permit?
9. Please explain why or why not (ref to question #8)?
10. Are you a relative or present/past employer of the applicant?

Signature of reference completing questionnaire: \_\_\_\_\_

Witness: \_\_\_\_\_

# Yellowstone County Sheriff's Office



## CWP Personal Reference Questionnaire

Date \_\_\_\_\_

Applicant for CWP \_\_\_\_\_

Reference Person Completing Questionnaire:

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

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

1. How long have you known the applicant?
2. Is the applicant knowledgeable in the use of firearms, especially handguns?
3. Does the applicant exercise good judgment?
4. Is the applicant a threat to the peace or good order of the community?
5. Has the applicant ever been hospitalized or medicated for any type of mental disorder?
6. Does the applicant abuse alcohol or drugs?
7. Is the applicant a member of an anti-American organization or terrorist group?
8. Do you recommend that the applicant receive a concealed weapons permit?
9. Please explain why or why not (ref to question #8)?
10. Are you a relative or present/past employer of the applicant?

Signature of reference completing questionnaire: \_\_\_\_\_

Witness: \_\_\_\_\_