

Wheatland County Sheriff's Office

Everett Misner, Sheriff
Randy L. Cameron, Undersheriff

Office Number : (406) 632-5614
Fax Number : (406) 632-5654
PO Box 757, 203 A Ave NW, Harlowton, MT 59036



WHEATLAND COUNTY SHERIFF'S OFFICE CONCEALED WEAPONS PERMIT APPLICATION REQUIREMENTS & PROCEDURES

- Applicant must be 18 years of age, a US citizen or permanent lawful resident, and a current resident of Montana for at least 6 months.
- Applicant must have a valid Montana driver's license or ID card.
- **Per MCA 45-8-321, Applicant must complete a certified firearms safety course before an application is submitted. Acceptable proof of training includes:**
 - Hunters Safety Card (Bow Hunters Card does not apply) issued by Montana Department of Fish Wildlife & Parks or similar agency of another state; or
 - DD-214 or NGB Form 22; or
 - Certificate of Training from a law enforcement agency, an institution of higher learning, or any NRA certified instruction course – certificate must include the instructor's name and NRA instructor number.
- Online Courses: The online Hunter's Safety course offered through Montana's Fish Wildlife & Parks is acceptable without further instruction. Any other online course must be certified by the NRA and the Applicant must provide a copy of the course outline and an online training certificate, as well as proof of familiarity training. Example: complete NRA certified online course and then obtain a certificate of hands-on training from a local certified NRA instructor showing familiarity with firearms.
- **Applicant must list any/all arrests on the application including DUI's, Criminal Notices to Appear, Criminal Summons, and Arrest Warrants. Omission of any of this information may result in denial of a permit.**
- **Applicant must list each/every conviction, including court martials if applicable, on the application. Any criminal conviction, or omission thereof, may result in denial of a permit.**
- **Applicant must provide 3 references that will be credible witnesses to Applicant's**

good moral character and peaceable disposition. References must know Applicant for a minimum 5 years and cannot be a relative (including in-law) or past/present employer. Failure to provide references may result in denial of permit.

- All applications for Concealed Weapons Permits, *including renewals*, will be taken **BY APPOINTMENT ONLY** by phone at 406-632-5614.
 - Expired permits or renewals of permits issued by *other* Montana counties will be processed as a new permit.
 - A permit is good for 4 years. Applicant will not be reminded of permit expiration date. Renewing Applicants may apply no sooner than 90 days prior to permit expiration date. Please allow up to 60 days for approval and processing of permit.
 - Please see the checklist below for documentation Applicant must provide at the time of appointment.

- **Appointment Location:** Wheatland County Sheriff's Office, 203 A Ave NW, Harlowton MT 59036

- **Application Fees:** New Permit: \$50.00; Renewal Permit: \$25.00

- Fees can be paid by exact cash, check made payable to Wheatland County

- For additional questions, please contact 406-632-5614.

APPOINTMENT CHECKLIST

- Completed/Unsigned application
- Three (3) completed, signed, witness reference forms
- Montana photo ID
- Proof of certified firearms safety course, or non-expired Wheatland County issued CCW permit.

CONCEALED WEAPON PERMIT APPLICATION

(\$50.00 Application Fee - Due upon submission of application)

Check one that applies:

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

Employer: _____

Street

City

State

Zip

Phone: _____ / _____ / _____

Home Employer Message

Place of Birth: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Social Security #: _____ Sex: _____ Hgt: _____ Wgt _____ Eye: _____ Hair: _____

List each former employer or business engaged in for the last five (5) years:

Business Name

Address

Employment

1. _____

2. _____

3. _____

4. _____

5. _____

List each place in which you have lived for the last five (5) years:

City State Date of Residence

1. _____

2. _____

3. _____

4. _____

5. _____

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
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1. _____

2. _____

3. _____

4. _____

5. _____

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. (*This must be complete!*)(DO

NOT include relatives or present/past employers) *SEE ATTACHED SHEETS!

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 the 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 further it to the sheriff to whom this application is made. I also understand and authorize a full criminal history will be run on myself, by the Sheriff's Office personnel, to help determine if I qualify for a Montana Concealed Weapon's Permit.

Applicant Signature

Date of Application

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

Sheriff/Designee Signature

**WHEATLAND COUNTY SHERIFF'S OFFICE CONCEALED WEAPONS PERMIT
REFERENCE QUESTIONNAIRE**

* Reference must also be listed on the application, must know the applicant for a minimum 5 years, and cannot be a relative (including in-law) or past/present employer.

Date: _____

Name of CCW Applicant: _____

Reference Name: _____

Reference Address: _____

Reference Daytime Phone: _____

1. How long have you known the applicant? _____

2. Are you a relative or past/present employer? _____

3. Does the applicant exercise good judgment? _____

4. Is the applicant a threat to the peace or good order of the community? _____

5. Does the applicant abuse alcohol or drugs? _____

6. Is the applicant a member or an anti-American organization or terrorist group? _____

7. Do you recommend that the applicant receive a concealed weapons permit? _____

8. Please explain why/why not (Ref to #7) _____

Signature of Reference completing questionnaire

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