**STATE OF MONTANA, COUNTY OF FLATHEAD**

**CONCEALED WEAPON PERMIT RENEWAL APPLICATION**

**ACCEPTED TUESDAYS & THURSDAYS 10AM-2PM**

***PLEASE READ CAREFULLY:* INCOMPLETE or INACCURATE APPLICATIONS**

**WILL BE DENIED**

* **The renewal application fee is $25.00, payable by check or cash only. Application fee is non-refundable in the event it is determined that you are ineligible to receive a permit.**
* **You must present your Montana Driver's License or ID Card, and current CWP card.**

**45-8-322 (3). A $25 fee for each renewal and upon request for renewal made within 90 days before expiration of the permit with a 30-day grace period after the expiration.**

**IF YOUR CWP IS EXPIRED PAST 30-DAY GRACE PERIOD, YOU MUST FILL OUT THE NEW APPLICATION AND PAY APPLICABLE FEES.**

**Please check one:** ( ) Renewal ( ) Lost ( ) Change of Information (must surrender old card)

**Please Type or Print**

Full Name:

Last First Middle

Alias/Maiden/:

Physical Address:

Street City State Zip

Mailing Address:

Street City State Zip

Phone:

Home Work Message / Cell

Employer:

Name & Address City State Zip

Place of Birth (State): Date of Birth:

MT Driver’s License/ID#: Expiration Date

Social Security #: Race: Sex: Height: Weight: Hair: Eyes:

Have you **EVER** been ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? ( ) Yes ( ) No

If **YES**, please complete the following (Exceptions: minor traffic violations) Attach additional sheet if necessary:

City State Charge Date

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STOP THIS MUST BE SIGNED IN FRONT OF THE SHERIFF OR PERSON DESIGNATED BY THE SHERIFF**

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 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.

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Signature Date