



# OFFICE OF THE SHERIFF COUNTY OF POWELL

GAVIN R ROSELLES – SHERIFF

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TO: CONCEALED WEAPON PERMIT APPLICANT

FROM: GAVIN R ROSELLES: POWELL COUNTY SHERIFF

PHONE: 406-846-2711

FAX: 406-846-2742

To whom this may concern:

This is a brief explanation of what is expected from you as an applicant for a concealed weapons permit. Montana Law requires that a full criminal history background check is made on the applicant; this criminal history background check may take approximately five (5) days to complete. After five (5) days have passed, please contact the Powell County Sheriff's Office, 911 Center to determine if your application has been approved or disapproved.

You must have paid **and** turn in your receipt with your application, **or** your application **will not be accepted**.  
If for some reason your application is denied, you will be issued a refund. CWP application cost is \$55.  
(renewal \$25)

**You must complete the application in full and sign the application in the presence of the Sheriff or one of his designee's.**

I hope this will speed up the lengthy process so that you may enjoy your new concealed weapons permit. Thank you for being so understanding.

Gavin R. Roselles  
Sheriff  
Powell County



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

	CITY	STATE	DATES OF RESIDENCE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

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

	EMPLOYER OR BUSINESS NAME	ADDRESS	DATES OF EMPLOYMENT
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____

Have You Ever Been **Charged with...Or...Convicted Of** A Crime...or **Found Guilty** in A Court:

( ) YES ( ) NO

IF YES, COMPLETE THE FOLLOWING:

(EXCEPTIONS: MINOR TRAFFIC VIOLATIONS)

	<u>CITY</u>	<u>STATE</u>	<u>CHARGE</u>	<u>DATE</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

BRANCH OF MILITARY SERVICE: \_\_\_\_\_

RANK UPON DISCHARGE: \_\_\_\_\_ Year of Enlistment \_\_\_\_\_ Year of Discharge \_\_\_\_\_

DISCHARGE TYPE: Honorable: ( ) Dishonorable: ( )

If other please explain \_\_\_\_\_

