

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 <u>five (5) days to complete</u>. After <u>five (5) days have passed</u>, 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

STATE OF MONTANA CONCEALED WEAPON PERMIT APPLICATION

TO BE COMPLETED BY THE PERSON FILLING OUT APPLICATION:

				_	
RESID	DENT OF MONTANA FOR AT LEA	AST SIX (6) MONTHS	() YES	() NO*	
CITIZ	EN OF THE UNITED STATES		() YES	() NO*	
EIGH'	TEEN (18) YEARS OF AGE OR C	LDER	() YES	() NO*	
)	ou will need to	IO on any of the o wait until the a e a concealed we	nswer is YES
PLEASE PRINT: (as	you wish it to appear on the pe	ermit)			
FULL NAME:	<u> </u>				
	LAST FIRST			MIDDLE	
ALIAS/MAIDEN/NICKNA	MME:				
HOME ADDRESS:					
	PHYSICAL STREET ADDRESS	CITY		STATE	ZIP
Pho	ne	Cell	Phone		
Heig	Height Weight				
	es				
Date of bi	rth	Social Sec	curity #		
Gend	der Male () Female ()				
State of Bi	rth	Issuing	State		
	CUR	RENT EMPLOYER:			
Business name					
Business address					
	STREET	CITY		STATE	ZIP
Business phone:					

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

CITY		STATE	DATES OF RESIDENCE
1			
2			
3			
Δ			
F			
6			
LIST EACH FORM	MER EMPLOYER OR BUS	SINESS ENGAGED IN FOR THE LA	AST FIVE (5) YEARS:
EMPLOYER OR BUSINES		ADDRESS	DATES OF EMPLOYMENT
1			
•			
3			
4			
E			
6			
Have You Ever E	(IF YES, COMF	. <u>Convicted Of</u> A Crimeor <u>Found</u>) YES () NO PLETE THE FOLLOWING:	<u>I Guilty</u> in a Court:
	•	MINOR TRAFFIC VIOLATIONS)	
<u>CITY</u>	<u>STATE</u>	<u>CHARGE</u>	<u>DATE</u>
1			
2			, <u></u>
3			, <u></u>
4			
5			
BRANCH OF MILITARY SE	ERVICE:		
RANK UPON DISCHARGE	-	Year of Enlistment	Year of Discharge
DISCHARGE TYPE:	Honorable: () Disho		
f other please explain			

List THREE (3) persons whom you have known for at least FIVE (5) years.

Persons that will be credible witnesses to your good moral character and peaceable disposition.

(all name, address, phone number information must be completed or application will not be processed)

Do not include Relatives or Past Employers

Reference #1			Reference #2		Reference #3		
Name		Name	Name		Name		
Address			Address		Address		
City		St	City	St	City _		St
		Zip code		Zip code			Zip code
Phone:	()		Phone: ()		Phone:	()	
In compl	lete detai	l, please explain y	our reasons for reque	esting this permit	(Attach add	itional sheets	s if necessary)
T the und					-t -£	dan and balish a	
knowledge authorize a	that any m any person h	iisstatement contained naving information con	e foregoing information is the herein may be sufficient of the cerning me that relates to the Perwise, to furnish it to the P	ause for denial or revocation he information requested b	on of a permit to y this application	carry a conceal and the requirer	ed weapon. I hereby
		This application	n MUST be broug	ht into the Sherif	ff's Office	and signed	
		in the prese	nce of the Powell	County Sheriff a	nd/or his <u>de</u>	<u>esignee</u>	
	-		Applicant Signature		Da	ite	_
		PC	CSO Staff Member Signatu	re	Da	ite	_

Prepared by the Attorney General's office, Helena, Montana 59620-1401 Adopted and used by the Powell County Sheriff's Office.