

TOOLE COUNTY SHERIFF'S OFFICE

SHERIFF- TYLER PADILLA | UNDERSHERIFF- TYLER FOSS
ADMIN ASSISTANT- CHRISTIE RHODEN

235 Deer Lodge Ave/ P.O. Box 550
Shelby, Montana 59474

Phone (406) 434-5585
Fax: (406) 434-7265



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: _____

Physical Address: _____ City _____ Zip _____

Applicant's Phone Number(s): _____

Employer: _____

Employer Phone: _____

Place of Birth: _____

Date of Birth: _____

Driver's license no. _____ Issuing state: _____

Social Security no. (Optional) _____

Sex _____ Ht. _____ Wt. _____ Eyes _____ Hair _____

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

HONOR * INTEGRITY * PRIDE

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1. _____ / _____ / _____
Employer/Business Name Address City Phone Employment
Dates

2. _____ / _____ / _____
Employer/Business Name Address City Phone Employment
Dates

3. _____ / _____ / _____
Employer/Business Name Address City Phone Employment
Dates

4. _____ / _____ / _____
Employer/Business Name Address City Phone Employment
Dates

5. _____ / _____ / _____
Employer/Business Name Address City Phone Employment
Dates

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

1. _____ / _____ / _____
City State Date of residence

2. _____ / _____ / _____
City State Date of residence

3. _____ / _____ / _____

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City State Date of residence
4. _____ / _____ / _____

City State Date of residence
5. _____ / _____ / _____

City State Date of residence
MILITARY SERVICE: () YES () NO

BRANCH: _____ DATES OF SERVICE: _____

New application _____ Renewal _____ Expiration Date _____

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):

1. _____ / _____ / _____

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	City	/	State	/	Charge	/	Date
2.	_____	/	_____	/	_____	/	_____
	City		State		Charge		Date
3.	_____	/	_____	/	_____	/	_____
	City		State		Charge		Date
4.	_____	/	_____	/	_____	/	_____
	City		State		Charge		Date
5.	_____	/	_____	/	_____	/	_____
	City		State		Charge		Date

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)

1.	_____ / _____ / _____		
	Name	Address	Phone
2.	_____ / _____ / _____		
	Name	Address	Phone
3.	_____ / _____ / _____		
	Name	Address	Phone

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In complete detail, please explain your reason(s) for requesting this permit:

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.

This application must be signed in the presence of the Sheriff or Designee.

Print Name

Signature

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Date of application

Sheriff or Designee Signature

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