Yellowstone County Sheriff's Office

Kent O'Donnell
Sheriff / Coroner

Robert Lester
Undersheriff

2323 2nd Ave N, Billings, Montana 59101 Phone: 406-256-2929

CONCEALED WEAPON PERMIT INFORMATION

(Montana Statues 45-8-315 through 45-8-328)

PLEASE READ CAREFULLY: INCOMPLETE APPLICATIONS WILL BE DENIED AND SENT BACK TO THE APPLICANT FOR COMPLETION

- The application fee is $50.00 for a standard permit and $25.00 for a renewal, 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.

GENERAL INFORMATION

"Concealed Weapon" means a firearm that is wholly or partially covered by the clothing or wearing apparel of the person carrying or bearing the weapon.

You will be ineligible to receive a permit if you:

- Are ineligible under Montana or federal law to own, posses, or receive a firearm
- Have been charged and are awaiting judgement in any state of a state or federal crime that is punishable by incarceration for 1 year or more
- Have been convicted in any state or federal court in any state of a crime punishable by more than 1 year of incarceration
- Or regardless of the sentence that may be imposed, a crime that includes as an element of the crime an act, attempted act, or threat of intentional homicide, serious bodily harm, unlawful restraint, sexual abuse, or sexual intercourse or contact without consent

Yellowstone County Sheriff's Office

Kent O'Donnell
Sheriff / Coroner

Robert Lester
Undersheriff

2323 2nd Ave N, Billings, Montana 59101 Phone: 406-256-2929

- Have been convicted carrying a concealed weapon while under the influence OR in a prohibited place, unless you have been pardoned or 5 years have elapsed since the date of the conviction
- Have a warrant of any state or the federal government out for your arrest
- Have been adjudicated in a criminal or civil proceeding in a court of any state or in a federal court to be an unlawful user of an intoxicating substance and are under a court order of imprisonment or other incarceration, probation, suspended, or deferred imposition or sentence, treatment or education, or other conditions of release or are otherwise under state supervision
- Have been adjudicated in a criminal or civil proceeding in a court of any state or in a federal court to be mentally ill, mentally defective, or mentally disabled and are still subjected to a disposition order of that court
- Were dishonorably discharged from the United States Armed Forces

The Sheriff may deny an applicant a permit to carry a concealed weapon if the Sheriff has reasonable cause to believe that the applicant is mentally ill, mentally defective, or mentally disabled or otherwise may be a threat to the peace and good order of the community to the extent that the applicant should not be allowed to carry a concealed weapon.

If you are issued a permit, you may NOT:

- Carry a concealed weapon while under the influence of an intoxication substance
- Carry a concealed weapon in a building owned or leased by the Federal, State or local government, bank, credit union, saving and loan or similar institution, or room in which alcoholic beverages are sold, dispensed and consumed.

The permit may be revoked if any circumstances arise that would require the Sheriff to refuse to grant the permittee an original license. If your permit is revoked, you will be required to surrender it to any peace officer upon notification by the Sheriff.

A person with a permit to carry a concealed weapon who changes his/her county of residence shall within 10 days of the change inform the Sheriff of both the old and new counties of residence of this change of residence and that he holds the permit. If his residence changed either from or to a city or town with a police force, he shall also inform the Chief or Police in each of those cities or towns.

APPLICATION MUST BE SIGNED IN FRONT OF THE SHERIFF OR SOMEONE DESIGNATED BY THE SHERIFF!

(please do not mail in applications because of this policy)

Yellowstone County Sheriff's Office

Kent O'Donnell
Sheriff / Coroner

Robert Lester
Undersheriff

2323 2nd Ave N, Billings, Montana 59101 Phone: 406-256-2929

THIS FORM IS FOR NEW OR RENEWAL STANDARD APPLICATIONS

☐ **Standard**
(18 years of age or older)
State of Montana Resident for a least 6 months YES ☐ NO ☐ Year(s) _____ Month(s) _____
Current citizen of the U.S. or
Permanent Lawful resident YES ☐ NO ☐
(If you are not a U.S. Citizen you must provide a copy of your Permanent Resident Card)

ANSWERING "NO" TO ANY OF THE ABOVE QUESTIONS WILL DISQUALIFY YOU.

Please type or print the following clearly.

Full name: _____
Last First Middle

Physical Home Address: _____
Street City State Zip

Mailing Address: _____
PO Box/ Street City State Zip

Phone Numbers: _____/_____/_____
Home Cell Work

Current employer: _____
Name & Address City State Zip

Place of Birth (state): _____ Date of Birth: _____/_____/_____

Montana Driver's License/ID#: _____ Expiration Date: _____/_____/_____

Social Security #: _____ Gender: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Yellowstone County Sheriff's Office

Kent O'Donnell
Sheriff / Coroner

Robert Lester
Undersheriff

2323 2nd Ave N, Billings, Montana 59101 Phone: 406-256-2929

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

Employer/ Business Name Address (complete) Dates of Employment

1. _____
2. _____
3. _____
4. _____
5. _____

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

Street Address City State Zip Date residing at address

1. _____
2. _____
3. _____
4. _____
5. _____

Military Service/ Branch: _____ Start date: _____End date_____

Type of Discharge: _____ Rank upon Discharge:_____

Have you ever been found guilty in a Court Martial proceeding YES ☐ NO ☐

Have you ever been arrested for a crime: YES ☐ NO ☐

Have you ever been convicted of a crime: YES ☐ NO ☐

Yellowstone County Sheriff's Office

Kent O'Donnell
Sheriff / Coroner

Robert Lester
Undersheriff

2323 2nd Ave N, Billings, Montana 59101 Phone: 406-256-2929

IF YOU ANSWERED YES TO ANY OF THESE PLEASE COMPLETE THE FOLLOWING:

(Exception: minor traffic violations; attach additional sheet if necessary)

	Charges	Date	City	State
1.				
2.				
3.				

LIST THREE PEOPLE WHOME YOU HAVE KNOWN FOR AT LEAST 5 YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOITION.

(Do not include relatives or present/ past employers)

	Name	Contact
1.		
2.		
3.		

IN BRIEF DETAIL, PLEASE EXPLAIN YOUR REASON FOR REQUESTING THIS PERMIT:

(Attach an additional sheet if necessary)

_____

_____

_____

_____

Yellowstone County Sheriff's Office

Kent O'Donnell
Sheriff / Coroner

Robert Lester
Undersheriff

2323 2nd Ave N, Billings, Montana 59101 Phone: 406-256-2929

MEDICAL MARIJUANA CARD HOLDER ADVISORY:

According to 18 U.S.C. 922(g)(3), the use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purpose in the state where you reside.

I have read and understand the Medical Marijuana card holder advisory. **(Initials required)** _____

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 related 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.

I understand that federal and state laws on possession of firearms and other weapons differ, and a person who violates federal or other states laws may be prosecuted in another state or jurisdiction, and this permit will not be a defense.

If any circumstances arise that requires the Sheriff to revoke the permit, I will surrender the concealed weapons permit to any Peace Officer after notification by the Sheriff.

THIS MUST BE SIGNED IN FRONT OF THE SHERIFF OR A DESIGNEE!!

I have read and understand all of the above:

Applicant signature: _____ Date:_____

PLEASE ATTACH OF THE FOLLOWING AS A REQUIRMENT BY STATUE, TO THE APPLICATION:

STANDARD:

- COPY OF FIREARMS TRAINING CERTIFICATION, DD-14, or HUNTER SAFETY CERITIFCATION