



Office of the  
**SHERIFF / CORONER**  
**JEFFERSON COUNTY**

P.O. Box 588 Boulder, Montana 59632  
Phone (406) 225-4075 Fax (406) 225-4145

Sheriff Craig Doolittle

Undersheriff Mike Johnson

**CONGEALED WEAPONS PERMIT**  
**APPLICATION**

Complete all items as accurately as possible

**Check One:**

- RENEWAL  
 NEW  
 TRANSFER ( \_\_\_\_\_ )

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

INDICATED NAME OF COUNTY IN WHICH PERMIT WAS ORIGINALLY ISSUED

Are you a citizen of the United States?  YES  NO

Have you been a resident of the State of Montana for at least 6 months?  YES  NO

Are you 18 years of age or older?  YES  NO

Please Type Or Print Legibly

Full Name: Last: \_\_\_\_\_, First: \_\_\_\_\_, M: \_\_\_\_\_

List any Aliases/ Maiden or Nicknames: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Address: Home: \_\_\_\_\_, \_\_\_\_\_  
Physical Street/Location City/State/Zip

Mailing Address: Home: \_\_\_\_\_, \_\_\_\_\_  
City/State/Zip

List Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_, \_\_\_\_\_  
Physical Street/Location City/State/Zip

Place of Birth: \_\_\_\_\_, Date of Birth: \_\_\_\_\_  
City/State Month/Day/Year

Drivers License No: \_\_\_\_\_, Expires: \_\_\_\_\_, Issuing State: \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex:  M  F Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Married:  Single:  Divorced:  Widowed:

**List all former/previous employers or business activity for the last 5 years:**

Employer or Business Name	Address	Dates Employed or in Operation
1.		
2.		
3.		
4.		
5.		

**List each place in which you have lived for the last 5 years:**

City	State	Dates
1.		
2.		
3.		
4.		
5.		

Military Service:  Yes  No Branch: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
 Type of Discharge: \_\_\_\_\_ Rank upon discharge: \_\_\_\_\_

Have you ever been arrested, charged with Or convicted of a crime?  Yes  No

Have you ever been tried or found guilty in a court-martial proceeding?  Yes  No

If yes, complete the following: (Exempt: minor traffic violations)

City	State	Charge	Disposition	Date

Explanation if necessary: \_\_\_\_\_  
 \_\_\_\_\_

References: List at (3) references of persons with whom you have known for at least (5) years that will be credible witnesses to your character, disposition, etc. *\*Do not list relatives or present/past employers.*

Name	Address: street/city/state	Telephone/Cell Number

Please explain your reasons for requesting this permit. *\*Attach additional comments if necessary.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*\* This application must be signed in the presence of the Sheriff or his designee. Do not sign in advance \*\*\*\***

*I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and given with the full knowledge that any misstatement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby 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.*

**DO NOT SIGN, this application must be signed in the presence of the Sheriff or his designee**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

OFFICE USE ONLY

\_\_\_\_\_  
 DATE RECEIVED