



# Butte-Silver Bow Law Enforcement Department

225 Alaska Street  
Butte, MT 59701

Phone: (406) 497-1120

Fax: (406) 497-1181

## CONCEALED WEAPON PERMIT APPLICATION

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

To: \_\_\_\_\_

Re: **CONCEALED WEAPON PERMIT REQUEST**

Dear: \_\_\_\_\_

Your request for a Concealed Weapon Permit has been:

( ) Accepted/Granted            ( ) Denied

Montana Code Annotated 2003

45-8-324 - Appeal        The denial or revocation of a permit to carry a concealed weapon or refusal of a renewal is subject to appeal to the district court, which may consider and determine facts as well as law and which is not bound by a factual, legal, or other determination of the Sheriff, and from that court to the Montana Supreme Court. To the extent applicable, Title 25, Chapter 33, governs the appeal.

History: En. Sec. 4, Ch. 759, L. 1991; and Sec. 2, Ch. 408, L 1995.

An individual may also direct his/her challenge to the accuracy of the record, in writing, directly to the FBI, NICS Section, CJIS, 1000 Custer Hollow Road, Clarksburg, West Virginia, 26306-0147.

If accepted/granted, you can pick up your permit at the Butte Silver Bow Law Enforcement Agency. If denied, you can speak to the Operations Captain regarding the following reasons for denial.

Respectfully,

Edward M. Lester, Sheriff  
BUTTE SILVER BOW LAW ENFORCEMENT DEPARTMENT

BY: \_\_\_\_\_  
George Skuletich, Undersheriff  
BUTTE SILVER BOW LAW ENFORCEMENT DEPARTMENT

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## CONCEALED WEAPON PERMIT – REQUIREMENTS

1. Applicant must hold a valid Montana driver's license or other form of identification issued by the State of Montana. This identification must have a picture of the person identified.
2. Applicant must be a citizen of the United States.
3. Applicant must be a resident of the State of Montana for at least six (6) months.
4. Applicant must be at least 18 years of age.
5. Applicant must produce, at the time of application, a photocopy of a Certificate of Completion or a copy of any other document that attests to the completion of, and can be verified through contact with the entity or instructor who conducted any of the following:
  - A. Completion of a hunter education or safety course approved or conducted by Fish, Wildlife, and Parks, or a similar agency of another state.
  - B. Completion of a firearms safety or training course approved or conducted by Fish, Wildlife, and Parks, a similar agency of another state, a national firearms association, a law enforcement agency, an institution of higher learning, or an organization that uses instructors certified by a national firearms association.
  - C. Completion of a law enforcement firearms safety or training course offered to or required by public or private law enforcement personnel and conducted or approved by a law enforcement agency, military DD214, or:
  - D. Possession of a license from another state to carry a firearm concealed or otherwise that is granted by that state upon completion of a course described above.

### IF YOU MEET ALL OF THE ABOVE REQUIREMENTS, YOU MAY SUBMIT AN APPLICATION.

Applicant, upon submission of the application, must submit to a criminal background check, fingerprinting, and photograph. *Civilian photos and fingerprints are done at the Butte Silver Bow Law Enforcement Department, Monday through Thursday, 12:00 noon to 1:00 p.m. If this time does not work for you, call Mickey Bolton at 490-8689 or 497-1186 to make an appointment.*

If no reason is found for denial of the permit, a four (4) year permit to carry a concealed weapon will be issued within 60 days of the filing of the application.

The fee for the initial issuance of a permit is \$50.00, plus a \$5.00 fingerprinting fee, for a total of \$55.00, payable to the Sheriff's Department.

The renewal fee is \$25.00 for an additional four (4) year period. However, the renewal request must be made at least 60 days before the expiration of the permit.

**OPERATIONS CAPTAIN**

**STATE OF MONTANA  
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: \_\_\_\_\_

Address:     **Home:**                                     \_\_\_\_\_  
  Street  City  State  Zip Code

**Employer:**                                     \_\_\_\_\_  
  Street  City  State  Zip Code

Phone:                                     \_\_\_\_\_  
  Home  Employer  Message

Place of Birth: \_\_\_\_\_                                     Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_                                     Issuing State: \_\_\_\_\_

Social Security #: \_\_\_\_\_                                     Sex: \_\_\_\_\_

  Height: \_\_\_\_\_                                     Weight: \_\_\_\_\_                                     Hair: \_\_\_\_\_                                     Eyes: \_\_\_\_\_

**List each former employer or business engaged in for the last (5) years:**

Employer/Business Name	Address	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

City	State	Dates of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Military Service:

Branch	Dates of Service	Type of Discharge	Rank Upon Discharge
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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):

City	State	Charge	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet if Necessary)

List (3) persons whom you have known for at least (5) years who will be credible witnesses to your good moral character and peaceable disposition. Do not include relatives or present/past employers:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In complete detail, please explain your reasons for requesting this permit:**

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**(Attach additional sheet if necessary)**

<b>This application must be signed in the presence of the Sheriff or his designee.</b>
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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Application**

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## CONCEALED WEAPON PERMIT APPLICANTS

In order to obtain a concealed weapon permit through the Butte Silver Bow Law Enforcement Department, you must have successfully completed a firearms safety and handling course prior to your initial application date. You must turn in documentation of the course taken with your application before your fingerprints and photograph can be taken.

A firearms safety and handling course is now offered locally. Contact MIKE WALLACE, 490-5347, to obtain information regarding the date, location, and cost of the next scheduled local training course.

Firearms K5 Training offers a small arms training course, either in a class setting or one-on-one training, for beginners to SWAT. Contact BUD WALSH and TOM WOODS at 498-6617 or email [tomwoods@bigskyhsd.com](mailto:tomwoods@bigskyhsd.com) for information regarding the cost of the training course and the location.

The Montana Shooting Sports Association, P. O. Box 4924, Missoula, Montana, 59806, also offers a training course. Contact GARY S. MARBUT at 406-549-1252 to obtain information regarding the date, location, and cost of the next scheduled local training course.

A-Z Training Solutions offers a basic firearms instruction course that will be accepted by BSBLED for a concealed weapon permit. DAVE GARCIA can be contacted at [aztrainingsolutions@gmail.com](mailto:aztrainingsolutions@gmail.com), telephone 498-3740. Students will receive classroom instruction on the safe handling of a weapon, functioning, loading, unloading, malfunction clearing, and cleaning of their weapon. DAVE will also cover Montana and other state acceptability of a Montana concealed weapon permit.

KANE FISCHER, Butte, can be contacted at 406-479-3836. Kane is a certified NRA instructor.

FRANK BORONI is also a certified instructor and can be reached at 406-494-2600.