



RAVALLI COUNTY SHERIFF'S OFFICE
205 BEDFORD ST. SUITE G
HAMILTON, MT. 59840
(406)375-4060

STEPHEN HOLTON, SHERIFF
JESSE JESSOP, UNDERSHERIFF

CONCEALED WEAPON PERMIT (CCW) RENEWAL APPLICATION INSTRUCTIONS

At the time you submit your CCW application for renewal, you must provide the Sheriff's Office with the following:

1. We accept cards, Cash (exact change) or check for \$35.00 to cover costs of processing. (Make checks payable to the Ravalli County Treasurer's Office)
2. We will be making a copy of your current/unexpired Ravalli County Concealed Weapon Permit.
3. A valid Montana Driver's License or other form of picture ID issued by the State of Montana.
4. The Sheriff's office can take your picture and signature at the time of application if you would like your permit mailed to you.

NOTICE: Failure to complete the CCW Renewal application honestly, may result in the denial of your permit.

NOTICE: **Incomplete applications will not be processed.**

When it is time to renew your Concealed Weapon Permit, (4 years from the date of your current renewal), you must bring in your permit and start the renewal process at least 30 days prior to the expiration date, but no more than 90 days. If the permit is even one (1) day past the expiration date, you must pay the full price of \$65.00, and start the process over. Renewal fee is \$35.00.

**The fees for processing your CCW application are nonrefundable even if your application is denied.

NOTE: Your Social Security Number is required on the application but will not appear on your CCW permit.

NICS # _____	NCIC <input type="radio"/> Current Permit <input type="radio"/>
CCW Permit # _____	Fee Pd. <input type="radio"/> Photo ID <input type="radio"/>
Expiration Date ____________	Permit Authorize by: _____
*Official use only.	Date Authorized: _____

STATE OF MONTANA

CONCEALED WEAPON PERMIT APPLICATION (RENEWAL)

To be completed by the applicant and submitted in person

This application only to filled out if you are renewing a Ravalli County Permit. If you are renewing a permit from anywhere other than Ravalli County, please fill out the application for a new permit but pay the renewal fee.

Current Resident of Ravalli County YES NO

PLEASE PRINT OR TYPE

Full Name _____
Last
First
Middle

Alias/Maiden/Nickname: _____

Address: Home _____
Street
City
State
Zip

Employer: _____
Zip

Phone: Home _____ / Work _____ / Message _____

Date of Birth _____ Place of Birth _____

Drivers License# _____ Issuing State _____

Social Security Number _____ Gender Male Female

*Social Security Number will NOT appear on you permit, however it is necessary for your background check.

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Race: _____

Please describe and Scars, Marks and Tattoos that you may have:

THE FOLLOWING QUESTIONS ARE VERY SPECIFIC. IF YOU HAVE EVER BEEN ARRESTED FOR ANY REASON, YOU MUST MARK "YES". THIS INCLUDES ANY INCIDENT. EVEN IF YOU WERE NOT CHARGED, THE CHARGES WERE DISMISSED OR BELIEVE THAT THE CHARGES WERE REMOVED FROM YOUR RECORD. LESS THAN TRUTHFUL RESPONSES WILL RESULT IN THE DENIAL OF THIS APPLICATION. AGAIN, THIS INCLUDES ANY ARREST OR CHARGE OR CONVICTION EVER.

1. Have you ever been arrested?: YES NO
2. Have you ever been charged with any crime, misdemeanor or Felony? YES NO
3. Have you ever been convicted of any crime, OR, found Guilty in a Military Court Martial Proceeding? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING:

(EXCEPTIONS: MINOR TRAFFIC VIOLATIONS)

(Attach additional sheet if necessary)

	City	State	Charge	Date
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____
5.)	_____	_____	_____	_____

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 my permit to carry a concealed weapon. I authorize any person having information concerning me that relates to the information requested by this application and requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the Sheriff to whom this application is made.

Date

Signature of Applicant

Signature witnessed by: _____ (initials)

*This application must be signed in the presence of the Sheriff or a designee.

*****NOTICE*****

When it is time to renew you Concealed Weapon Permit, (4 years from the Date of issue), You must start the renewal process prior to your date of expiration. If your permit is even (1) day after the expiration date, you must start the application process all over again and pay the full fee of \$65.00. Renewal fee is \$35.00.