

HOUSE BILL NO. 145

INTRODUCED BY D. ZOLNIKOV, C. KNUDSEN, S. MORIGEAU

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT WHEN A PERSON WITH A CONCEALED WEAPON PERMIT MOVES TO A DIFFERENT CITY OR COUNTY, THEY DO NOT HAVE TO NOTIFY LOCAL LAW ENFORCEMENT; AMENDING SECTION 45-8-322, MCA; AND REPEALING SECTION 45-8-325, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 45-8-322, MCA, is amended to read:

"45-8-322. Application, renewal, permit, and fees. (1) The application form must be readily available at the sheriff's office and must read as follows:

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: Zip

Employer: Zip

Phone: / /

Home Employer Message

Place of birth: Date of birth:

Driver's license #: Issuing state:

Social Security #:



1 Sex Ht. Wt. Eyes Hair

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

3 Employer or

4 business name

Address

Dates of employment

5 1.

6 2.

7 3.

8 4.

9 5.

10 6.

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

12 City

State

Dates of residence

13 1.

14 2.

15 3.

16 4.

17 5.

18 6.

19 MILITARY SERVICE, BRANCH FROM TO

20 TYPE OF DISCHARGE RANK UPON DISCHARGE

21 HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A
22 COURT-MARTIAL PROCEEDING?

23 () YES () NO

24 IF YES, COMPLETE THE FOLLOWING (Exceptions: minor traffic violations) (Attach additional sheet if
25 necessary):

26 City

State

Charge

Date

27 1.



- 1 2.
- 2 3.
- 3 4.
- 4 5.

5 LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST 5 YEARS THAT WILL BE CREDIBLE
 6 WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION (DO NOT include
 7 relatives or present/past employers):

8	Name	Address	Phone
9	1.
10	2.
11	3.

12 PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT (Attach additional sheet if necessary):

13

14 I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my
 15 knowledge and belief and is given with the full knowledge that any misstatement may be sufficient cause for
 16 denial or revocation of a permit to carry a concealed weapon. I authorize any person having information
 17 concerning me that relates to the information requested by this application and the requirements for a concealed
 18 weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

19

20 Signature

21

22 Date of application

23 This application must be
 24 signed in the presence of
 25 the sheriff or a designee.

26 (2) The application must be in triplicate. The applicant must be given the original at the time the
 27 completed application is filed with the sheriff, the sheriff shall keep a copy for at least 4 years, and a copy must,
 28 within 7 days of the sheriff's receipt of the application, be mailed to the chief of police if the applicant resides in
 29 a city or town with a police force.



