

Concealed Weapon Permit Request to Renew

I _____ request to renew my Concealed Weapon Permit (CWP).
Print Name

It expires on _____.
Print Date

I state that nothing has changed that should affect the renewal of my CWP.

Signature

Date

Please attach the old permit, enclose check for \$25.00 made payable to Roosevelt County Sheriff's Office and list any changes from the old permit (ie name change, address, weight, hair color, drivers license number etc...) below.

Mail or bring into:

Roosevelt County Sheriff's Office
416 ½ 2nd Avenue South
Box 280
Wolf Point, MT 59201