

REQUEST TO RENEW
CONCEALED WEAPON APPLICATION

I, _____, request to renew my Concealed Weapon Permit (CWP)

PLACE OF BIRTH _____ DATE OF BIRTH _____

DRIVERS LICENSE # _____

SEX _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____

EYE COLOR _____

MAILING ADDRESS _____

RESIDENCIAL ADDRESS _____

Signature _____ Date _____

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

Mail or bring to;

Roosevelt Count Sheriff's Office

416 ½ 2nd Ave S

P O Box 280

Wolf Point, Mt 59201