



Treasure County Sheriff's Office

Will Seastrom – Sheriff/Coroner

307 Rapelje Ave., PO Box 1511,

Hysham, Montana 59038

Concealed Weapon Permit (CWP) MEMO/Waiver

In accordance with MT MCA 45-8-321 (5), this memo will serve as documentation of a pass or failure of demonstrating familiarity with a firearm to the satisfaction of the Sheriff or designee. The applicant will have to show a basic understanding of how a pistol functions and the nomenclature of the pistol for both revolvers and semi-auto style pistols. The applicant shall also show a basic understanding of firearm safety as well as the ability to safely and accurately be able to shoot a silhouette from 5,10, and 15 yards. The applicant shall shoot and hit the target successfully no less than 5x at each given distance with no more than a total of 2 misses outside of the silhouette. The applicant shall shoot non-dominant hand unsupported 5x at 7 yards with 0 misses. This memo/waiver is to be kept with the applicants file and becomes a part of their application.

Does the applicant know the basic functionality/nomenclature of a revolving pistol? Y____ N____

Does the applicant know the basic functionality/nomenclature of a semi-auto pistol? Y____ N____

Does the applicant know the 4 cardinal rules for firearm safety as stated below? Y____ N____

1. Always Keep Firearm Pointed in a Safe Direction.
2. Treat All Guns as Though They are Loaded.
3. Keep Your Finger Off the Trigger until You are Ready to Shoot.
4. Always Be Sure of Your Target and What's Beyond It.

Did the Applicant successfully shoot and hit the silhouette at 5yrds? Y____ N____

Did the Applicant successfully shoot and hit the silhouette at 10yrds? Y____ N____

Did the Applicant successfully shoot and hit the silhouette at 15yrds? Y____ N____

Did the Applicant miss outside of the silhouette less than 2 times? Y____ N____

If the Applicant missed outside of the silhouette, how many times? _____

If the applicant passed all portions of the test, then they are granted this waiver. Did the applicant pass the test? Y____ N____

By signing below both the applicant and the Sheriff/Designee agree that this memo/waiver will take the place of MT MCA 45-8-321 (3). By signing below the applicant also releases the Sheriff/Designee/ Treasure County Sheriff's Office/ Treasure County of all possible liabilities with this waiver and the CWP process.

Applicant's Signature: _____ Sheriff/Designee's Signature: _____

Applicant's Printed Name: _____ Sheriff/Designee's Printed Name: Sheriff Will Seastrom

Date: _____ Date: _____