



Montana Private Security Program

PO Box 200513
301 S Park, 4th Floor
Helena, MT 59620-0513
Phone: (406) 444-6880
Email: dlibsdhelp@mt.gov Website: privatesecurity.mt.gov

Licensing Requirements and Application Checklist Firearms Endorsement

License Requirements for Firearms Endorsement

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. Applicant must be a licensed Security Guard employed in Montana or a licensed Private Investigator in Montana [[MCA 37-60-303](#)]
2. Each Firearm Endorsement applicant shall complete a Department approved firearms training program and requalify annually [[ARM 24.182.420](#), [ARM 24.182.801](#)]

Checklist of Required Documents to Submit for Application for Firearms Endorsement

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the Department directly from the source.

- If you answered yes to any personal history question on the application, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).
- Proof of successful completion of a Department approved firearms training program.

Application Fee(s) for Firearms Endorsement

The following fee(s) must be submitted with your application. You can apply and pay online using a debit/credit card or bank account.

- \$50 application fee

You can apply for a license online at: aca-prod.accela.com/POL.

Please include a valid email address with your application. Email is the Department's primary form of communication.

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Application for Armed Endorsement

Armed Private Security Guard

Armed Private Investigator

Allow 30 days from the date the Department has a complete routine application file for licensure.

1. FULL NAME: _____
Last _____ First _____ Middle _____
2. OTHER NAMES KNOWN BY: _____
3. LICENSE NAME: _____
State your name as it should appear on your license if granted.
4. BUSINESS NAME (Present employer for Security Guards): _____
BUSINESS LICENSE # (Security Company only): _____
SUPERVISOR NAME (For Security Guards): _____
5. BUSINESS ADDRESS: _____
Street or PO Box # _____
City _____ State _____ Zip Code _____
6. HOME ADDRESS: _____
Street or PO Box # _____
City _____ State _____ Zip Code _____
- PREFERRED MAILING ADDRESS (Check one): Home or Business
- EMAIL ADDRESS: _____
7. TELEPHONE: BUSINESS _____ HOME _____ FAX _____
8. SOCIAL SECURITY NUMBER: _____
9. DATE OF BIRTH: _____ MALE FEMALE
10. US CITIZEN _____ LEGAL PERMANENT RESIDENT _____
11. ARMED ENDORSEMENT: Please list the type and caliber of weapon you intend to carry while performing your duties as a Private Security Guard or Private Investigator.

Firearm Make/Model	Firearm Caliber

12. QUALIFIED SHOOTING COURSE:

Type of Weapon	Completion Date

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

13. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
14. Have you ever surrendered a credential like those listed in number 13, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
15. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	Yes	No
16. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?	Yes	No
17. Have you ever withdrawn an application for any professional license?	Yes	No
18. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?	Yes	No
19. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)	Yes	No

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

20. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes	No
21. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes	No

The following information is provided for Question 22 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

22. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?	Yes	No
23. Are you now subject to criminal prosecution or pending criminal charges?	Yes	No
24. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?	Yes	No
25. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?	Yes	No
26. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?	Yes	No
27. Have you ever been licensed in the State of Montana? If yes, please provide the license information:		

TYPE: _____ LICENSE #: _____ EXPIRATION DATE: _____

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Printed Name of Applicant

Legal Signature of Applicant

Date

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FIREARMS QUALIFICATION AND RE-QUALIFICATION

PERSON QUALIFYING OR RE-QUALIFYING: _____

Choose one: Private Security Guard Private Investigator

LICENSE #: _____

Type of Firearm (the only weapon to be carried on the job):

Make: _____ Model: _____ Caliber: _____

I certify that I am currently authorized to conduct firearms training in the state of Montana under ARM 24.182.520 and that on this date _____, the individual named above has successfully completed the course to either (check the applicable box):

Initially qualify the individual and the individual's firearm in the course of the individual's duties as a private investigator or an armed security guard.

or

Re-qualify the individual and the individual's firearm in the course of the individual's duties as a private investigator or an armed security guard.

Instructor's Name: _____ Date: _____
(Print Clearly)

Signature: _____

Current CFI License No: _____ or

Date POST-Certified to Instruct Firearms: _____

Instructions: This form is to be completed in 4 parts. One copy to the Department, one copy to the student, one copy to the employing firm and one copy retained by the instructor. If the Department Staff cannot read the student or instructor's name, armed status will not be approved.