

CODINGTON COUNTY SHERIFF'S OFFICE
Watertown, South Dakota 57201

APPLICATION FOR CONCEALED PISTOL PERMIT

ORI/SD0140000 SC/SD PUR/F ATN/Sheriff Brad Howell- _____ (operator initials)

Name _____

Last

First

Middle

Sex: ____ (M)ale (F)emale Race: ____ (W)hite (I)American/Alaskan Indian (B)lack (A)sian/Pacific Islander (U)nkown

DOB: ____/____/____ SSN: _____ - _____ - _____ Telephone _____

Address _____

Street

City

Mailing Address if Different _____

Place of birth _____ Driver's License No. _____

Occupation _____ Employer _____

Weight _____ Height _____ Eye Color _____ Hair Color _____

Marital status _____

Are you a U.S. citizen? _____ If a non-U.S. Citizen, provide Alien Admission# _____

If naturalized, what year? _____

Former residence (other states) _____

Have you ever had a pistol permit? _____ If yes, where? _____

If you had a pistol permit, what was the number on the permit? _____ Expiration date _____

1. Have you ever pled guilty to, nolo contendere to, or been convicted of a felony or crime of violence? Yes____ No____
2. Are you under indictment for a crime punishable by imprisonment for a term exceeding one year? Yes____ No____
3. Are you a fugitive from justice, including active misdemeanor or felony criminal warrants? Yes____ No____
4. Are you habitually in an intoxicated or drugged condition? Yes____ No____
5. Have you been found to be a danger to others, to yourself, or currently adjudicated mentally incompetent? Yes____ No____
6. Are you a citizen or legal resident of the United States? Yes____ No____
7. Have you ever received a Dishonorable Discharge from the military? Yes____ No____
8. Have you ever renounced your United States citizenship? Yes____ No____
9. Are you currently the subject of a Protection or Restraining Order for Domestic Violence? Yes____ No____
10. Have you ever been convicted of a misdemeanor crime of Domestic Violence? Yes____ No____

Have you ever been:

1. Treated for mental illness or committed to a mental institution? _____
2. Convicted of a drug-related charge? _____
3. Addicted to or used any drugs other than those prescribed by a doctor? _____
4. Convicted of a crime of violence? _____
5. Treated or committed to any alcohol program? _____

If the answer to any of the above five questions is yes, list the dates and details of each incident: _____

I, _____, do hereby state that I have not given false information, nor offered false evidence of my identity, in applying for a pistol permit. I also know that the penalty for offering such false information to secure a pistol or pistol permit is a Class 6 Felony (SDCL 23-7-12).

Signature _____ Date _____

Approved by _____ Date _____