

Regular ___ Gold ___ Enhanced ___

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)merican/(A)laskan 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 drugrelated 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:

NTN:

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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

CODINGTON COUNTY SHERIFF'S OFFICE
14 First Avenue Southeast
Watertown, SD 57201

Phone 605-882-6280
Fax 605-882-6283

Fax to: Human Services Center Administration Office
605-668-5699

Return to: Codington County Sheriff's Office
605-882-6283

Release of Information for Permit to Carry a Concealed Weapon (SDCL 23-7-7.1)

Name (Please Print)

Date of Birth

Maiden Name or Alias (Please Print)

Social Security Number

I hereby authorize the South Dakota Human Services Center to respond to the Codington County Sheriff's Office regarding the following question pertaining to services I may have received for a period of ten (10) years prior to the date of my signature.

Signature

Date

Witness

Date

Was the above-named person a patient at the South Dakota Human Services Center during a period of ten (10) years prior to the date of signature and found to be a "danger to others" or a "danger to self" as defined by SDCL 27A-1-1?

Yes

No

Signature of HSC Staff Responding

Date