

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 _____
Sex: _____ (M)ale (F)emale Race: _____ (W)hite (I)American/Alaskan Indian (B)lack (A)sian/Pacific Islander (U)nknown
Middle
DOB: _____ / _____ / _____
SSN: _____ - _____ - _____

Telephone _____

Address _____

Mailing Street Address if City 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

NTN:

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