

APPLICATION FOR CONCEALED WEAPONS PERMIT

SDCL 23-7-12. False information or false evidence of identity to secure pistol or permit as felony. No person, in purchasing or otherwise securing delivery of a pistol or in applying for a permit to carry a concealed pistol, may give false information or offer false evidence of his identity. A violation of this section is a Class 6 felony.

****YOU MUST APPLY IN THE COUNTY IN WHICH YOU RESIDE****

Permit Type: Standard (\$10) Gold Card (\$40) Enhanced (\$60) / New Renewal

****ENHANCED** permits must have taken the SOUTH DAKOTA use of force class prior to applying. Valid ID, certificate, and check/money order are required at the time of your fingerprints.

****GOLD CARD** permits must be fingerprinted and have a valid ID & check/money order at the time of fingerprints.

SAME APPLIES FOR RENEWALS

Full Name: _____			Alias: _____		
Last		First		Middle	
Mailing Address/ PO Box: _____					
Residential Address (If Different): _____					
Social Security #: _____ - _____ - _____		Driver's License #: _____		DOB: ____/____/____	
Phone Number: _____			Employer: _____		
Home		Cell			
Sex: <input type="checkbox"/> Male	Height: ____ ft. ____ in.	Wight: ____ lb	Eye Color _____	Hair Color: _____	Race: _____
<input type="checkbox"/> Female	Place of Birth: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		
City, State, Country					
Length of Residence in Brookings County: _____			SDSU Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Yrs			Months		
Have you had a previous pistol permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Where Issued? _____		
			County & State		

List ALL Prior Criminal Charges: _____

(Do not write minor traffic offenses / if you need more room, write on back of application)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever had a concealed weapons permit refused or revoked? |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you ever pled guilty, no contest, or been convicted of a felony or a crime of violence? |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever been arrested for an assault, crime against a person, or other violent crime? |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been convicted of any crime involving a weapon or for any firearms violation? |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are you habitually in an intoxicated or drugged condition? |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you now, or have you in the past, been adjudged mentally incompetent? |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been arrested for any alcohol or controlled substance violation? |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you named as a Defendant on any current protection order? |
| Yes | No | |

I certify that all of the above information is true and I understand that any false statement is a violation of the law (SDCL-23-7-12) and could result in criminal charges as well as non-issuance, or revocation, of my concealed weapons permit.

Date: _____ Applicant Signature: _____