

# Application for Concealed Pistol Permit

NEW \_\_\_\_\_ GOLD \_\_\_\_\_ RESTRICTED ENHANCED(18-20yrs) \_\_\_\_\_ ENHANCED (21yrs+) \_\_\_\_\_  
RENEWAL NUMBER \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Full Middle: \_\_\_\_\_

Residence (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Scars/Tattoos: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Are you a US Citizen or a legal resident of the United States? Yes No

Years in SD: \_\_\_\_\_ Years in Brown County: \_\_\_\_\_ If less than 5, list previous City/State: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever had a pistol permit: Yes No If yes, where: \_\_\_\_\_

Reason for obtaining a pistol permit: \_\_\_\_\_

Do you have a criminal record: Yes No If yes, give details: \_\_\_\_\_

- Yes No Have you ever been convicted of a felony?
- Yes No Have you ever been convicted of a crime of violence?
- Yes No Have you ever habitually been in an intoxicated or drugged condition?
- Yes No Have you ever had a history of violence?
- Yes No Have you been found in the previous 10 years to be a "danger to other" or "Danger to self, or currently adjudicated mentally incompetent.
- Yes No At the time of this application, I have been a resident of Brown County for at least 30 days.
- Yes No Have you had any violation of firearm laws or drug laws in the 5 years preceding the date of this application?

I, \_\_\_\_\_, do hereby state that I have not given false information or 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 permit is a Class 6 Felony, SDCL 23-7-12.

**THIS APPLICATION IS ONLY VALID FOR 5 DAYS –You must reapply after 5 days .**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Sheriff Office Records: Yes No Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
State Records: Yes No Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
NCIC Records: Yes No Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
UJS Records: Yes No Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
NCIS Records: Yes No Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**BROWN COUNTY SHERIFF'S OFFICE**

**SHERIFF**



• 22 Court St., Suite 1 • Aberdeen, SD 57401 • Tel 605-626-7100 • Fax 605-626-4015

**Mark Milbrandt**  
Sheriff

**FAX to: SD Human Services Center Admission Office (605) 668-3429**  
**Return to: Brown County Sheriff's Office (605) 626-4015**

**Dave Lunzman**  
Chief Deputy Sheriff

**Release of Information for Permit to Carry a Concealed  
Weapon (SDCL23-7-7.1)**

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Maiden Name or Alias (Please Print) \_\_\_\_\_  
Last 4 of SS#

I hereby authorize the South Dakota Human Services Center to respond to the Brown County Sheriff's Office regarding the following question pertaining to the 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 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