

Application for Concealed Pistol Permit

BASIC _____ GOLD _____ RESTRICTED ENHANCED(18-20yrs) _____ ENHANCED (21yrs+) _____
 BASIC RENEWAL _____ GOLD RENEWAL _____ ENHANCED RENEWAL _____

Last Name: _____ First: _____ Middle: _____ Alias: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Residential Address (if different): _____

Driver's License Number: _____ Employer/Occupation: _____

Social Security# _____ Date of Birth: _____ City/State/Country of Birth: _____

Sex: Male ___ Female ___ Weight: _____ Height: _____ Eyes: _____ Hair: _____ Marital Status: _____

Scars/Tattoos: _____

Home Phone Number: _____ Work Number: _____ Cell Number: _____

Legal Resident/Citizen of the United States? Yes No If a non-US Citizen, provide Alien Admission #: _____

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

Have you been a resident of Brown County for 30 days or more: Yes No

In case of an emergency notify: _____ Phone: _____

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

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

Indicate the Following:

	Yes	No
1. Have you ever pled guilty to, nolo contendere to, or have been convicted of a felony or crime of violence?		
2. Are you under indictment or information for a crime punishable by imprisonment for a term exceeding one year?		
3. Are you a fugitive from Justice, including active misdemeanor or felony criminal warrants?		
4. Are you habitually in an intoxicated or drugged condition?		
5. Have you been found to be a danger to others, a danger to yourself, or currently adjudicated mentally incompetent?		
6. Are you a citizen or legal resident of the United States?		
7. Have you ever received a Dishonorable Discharge from the military?		
8. Have you ever renounced your United States Citizenship?		
9. Are you currently the subject of a Protection or Restraining Order for Domestic Violence?		
10. Have you ever been convicted of a misdemeanor crime of Domestic Violence?		

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: _____

*****FOR OFFICIAL USE ONLY*****

Sheriff Office Records: Yes No NCIC Records: Yes No NICS Records: Yes No
 Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____

State Records: Yes No ECourt Records: Yes No
 Date: _____ Initials: _____ 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) 668-5699

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 if 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