

Application for Concealed Pistol Permit

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

Last Name: _____ First: _____ Full Middle: _____

Residence (if different): _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Driver's License Number: _____ Employer: _____

Occupation: _____ Date of Birth: _____ Age: _____ City/State 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: _____

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

Sheriff Office Records:	Yes	No	Date: _____	Initials: _____
State Records:	Yes	No	Date: _____	Initials: _____
NCIC Records:	Yes	No	Date: _____	Initials: _____
ECourt Records:	Yes	No	Date: _____	Initials: _____
NICS 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) 668-5699
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