

CONCEALED PISTOL PERMIT APPLICATION

SDCL 22-11-23. Falsification of public records. Any person who knowingly makes a false entry in any public record, or falsely alters any public record is guilty of a Class 2 misdemeanor. However, if the false entry or alteration is committed by a public officer or employee having custody of the record, the offense is a Class 1 misdemeanor.

Have you had a previous pistol permit? No Yes If yes, where issued? _____
City & State

Full Name: _____ Alias: _____
Last First Middle

Mailing Address: _____

Residential Address (if different): _____

Phone Number: _____ Home _____ Cell _____ Driver's License #: _____

Date of Birth: ____ / ____ / ____ Age: ____ Social Security # (optional): _____ Sex: Male Female
MM DD YYYY

Height: ____ ft. ____ in. Weight: ____ Eye Color: ____ Hair Color: ____ Race: _____

Place of Birth: _____ U.S. Citizen: Yes No
City, State, Country

Length of Residence in Minnehaha County: _____ Former Residence: _____
Years Months City & State

Employer: _____ Employer Phone #: _____ Occupation: _____

List ALL Prior Criminal Charges: _____
(Use back of form if necessary)

Answer the following questions:

- YES NO 1. Have you ever pled guilty to, nolo contendere to, or been convicted of a felony or crime of violence?
- YES NO 2. Have you ever habitually been in an intoxicated or drugged condition?
- YES NO 3. Do you have a history of violence?
- YES NO 4. In the previous 10 years, have you been found to be a "danger to others", a "danger to yourself", or currently adjudicated mentally incompetent?
- YES NO 5. At the time of this application, are you a resident of, and have physically resided in Minnehaha County for at least 30 days?
- YES NO 6. Have you had any violations of drug or firearm laws within the last 5 years from the date of this application?

Applicants for the Gold or Enhanced concealed pistol permits will be required to have their fingerprints used to check their criminal history records of the FBI. If the applicant feels their FBI background results are inaccurate, they may review and challenge the results by visiting the FBI website: <http://www.fbi.gov/about-us/ujis/identity-history-summary-checks/challenge-ofan-identity-history-summary>.

I certify that I am the applicant described above and that the information provided on this application is true and correct.

Date: _____ Applicant Signature: _____

-- Office Use Only --

AS400: _____ New World: _____ SID#: _____

SAO: _____ NCIC: _____ Triple I: _____

Minnehaha County Sheriff Department
320 West 4th Street
Sioux Falls, South Dakota 57104
Phone: (605) 367-4300
Fax: (605) 367-7319



FAX to: SD Human Services Center Admission Office
605-668-3429

RETURN to: Minnehaha County Sheriff's Office
605-367-7319

**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) _____
Last 4 Digits of SS#

I hereby authorize the South Dakota Human Services Center to respond to the Minnehaha 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 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