Regular ☐ Gold ☐ Enhanced New ☐ Enhanced Renewal ☐ Restricted Enhanced ☐

CODINGTON COUNTY SHERIFF'S OFFICE

APPLICATION AND TEMPORARY PERMIT TO CARRY CONCEALED PISTOL

PREVIOUS PERMIT NUMBER _____ **EXPIRATION DATE**_____

Last Name _____ **First Name (Legal Name)** _____ **Middle Name** (NA if no middle) _____

Physical Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address (If different from physical) _____ **City** _____ **State** _____ **Zip** _____

Date of Birth (MM/DD/YYYY) _____ **Place of Birth (City, State)** _____

Occupation _____ **Employer**_____

☐ I am a US Citizen
☐ I am not a US Citizen

Driver's License/ID Number _____ **Former Resident (other states)** _____

Alien/Admission# (If not a US Citizen) _____ **If naturalized, what year?** _____**Male/Female**_____

Weight (lbs) _____ **Height** (Feet/Inches) _____/_____ **Eye Color** _____ **Hair Color** _____

	Indicate the following:	**Yes**	**No**
1	Have your ever pled guilty to, nolo contendere to, or 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 ever been adjudicated as a mental defective OR have you ever been committed to a mental institution?		
6	Have you ever received a Dishonorable Discharge from the military?		
7	Have you ever renounced your United States citizenship?		
8	Are you currently the subject of a Protection or Restraining Order for Domestic Violence?		
9	Have you ever been convicted of a misdemeanor crime of Domestic Violence?		
10	Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? **Warning:** The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.		
11	Have you ever been treated for mental illness or committed to a mental institution?		
12	Have you ever been convicted of a drug-related charge?		
13	Have you ever been addicted to or used any drugs other than those prescribed by a doctor?		
14	Have you ever been treated or committed to any alcohol program? If yes list the dates and details_____		

I certify that I am the applicant described and that the above information is true and correct. I further certify that I have never pled guilty to, nolo contendere to, or been convicted of a crime of violence. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I also know the penalty for offering such false information to secure a pistol permit is a **Class 6 Felony (SDCL 23-7-12).**

_____ _____ _____

Applicant's Signature **Date** **Contact Number**

Sheriff's Signature _____

NICS NUMBER _____

CODINGTON COUNTY SHERIFF'S OFFICE
14 First Avenue Southeast
Watertown, SD 57201

Phone 605-882-6280
Fax 605-882-6283

Fax to: Human Services Center Administration Office
605-668-5699

Return to: Codington County Sheriff's Office
605-882-6283

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) Social Security Number

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