

# STATE OF SOUTH DAKOTA

## APPLICATION AND TEMPORARY

## PERMIT TO CARRY CONCEALED PISTOL

REGULAR

ENHANCED NEW

GOLD CARD

RESTRICTED ENHANCED   
(UNDER 21 YEARS OF AGE)

ENHANCED RENEWAL

NCIC NUMBER \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial/Name

\_\_\_\_\_  
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

\_\_\_\_\_  
Driver's License/ID Number  I am a US Citizen  I am not a US Citizen Alien/Admission # (If not a US Citizen)

\_\_\_\_\_  
Weight (lbs) Height (Feet/Inches) Eye Color Hair Color

Indicate the following:		Yes	No
1	Have you 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? <b>Warning:</b> 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.		

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.

\_\_\_\_\_  
Applicant's Signature Date Contact Number



*Monae L. Johnson*

Monae L. Johnson  
Secretary of State

\_\_\_\_\_  
Sheriff's Signature (Not valid until approved signed by Sheriff)

\_\_\_\_\_  
County Date

**RELEASE OF INFORMATION FOR  
PERMIT TO CARRY A CONCEALED PISTOL  
(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 Butte 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 on this release.

\_\_\_\_\_  
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 on this release and found to be a "danger to others" or a "danger to self" as defined in SDCL 27A-1-1?       YES       NO

\_\_\_\_\_  
SIGNATURE OF HSC STAFF RESPONDING

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FAX TO: SOUTH DAKOTA HUMAN SERVICES CENTER  
ATTN: ADMISSIONS  
(605) 668-3429

RETURN TO: BUTTE COUNTY SHERIFF'S OFFICE  
FAX #: (605) 723-3327