

# 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: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
City, State, Country

If a non-U.S. Citizen, provide Alien Admission #: \_\_\_\_\_ Issuing County: Minnehaha

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 <i>or</i> 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	Have you ever been convicted of a misdemeanor crime of Domestic Violence?		
5	Are you currently the subject of a Protection or Restraining Order for Domestic Violence?		
6	Are you habitually in an intoxicated or drugged condition?		
7	Have you ever received a Dishonorable Discharge from the military?		
8	Have you had any weapon or drug violations in the last 5 years?		
9	Have you ever renounced your United States citizenship?		
10	Have you been found to be a "danger to others", a "danger to yourself", or currently adjudicated mentally incompetent?		
11	Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? <b>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.</b>		

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-of-an-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 --

Zuercher: \_\_\_\_\_ Triple I: \_\_\_\_\_ SID#: \_\_\_\_\_  
 FBI#: \_\_\_\_\_ IAQ: \_\_\_\_\_ NICS: \_\_\_\_\_

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



---

**FAX to: SD Human Services Center Admission Office**  
**605-668-5699**

**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