

CONCEALED WEAPONS PERMIT APPLICATION

(You need to apply in the county in which you reside)

New Renewal

Permit # _____

Standard Gold Enhanced

Do you live in Brookings County? _____ How long? _____ yrs _____ mos Race _____ Sex _____

Name _____ Date of Birth _____
Last First Middle

Address: _____ Apt/Lot # _____ PO Box _____

City _____ State _____ Zip _____ Place of Birth _____
(City, State)

Mailing Address (if different) _____

Social Security # _____ Driver's License # _____ State _____

Personal Phone # _____ Employer/Occupation _____

Height _____ ft _____ in Weight _____ Eye Color _____ Hair Color _____

Other states or foreign countries you have lived in (excluding military):

- 1) Have you ever had a concealed weapons permit refused or revoked? Yes () No ()
- 2) Have you ever pled guilty to, no contest to, or been convicted of a felony or a crime of violence? Yes () No ()
- 3) Have you ever been arrested for an assault, crime against a person, or other violent crime? Yes () No ()
- 4) Have you ever been convicted of any crime involving a weapon or for any firearms violation? (except hunting violations) Yes () No ()
- 5) Are you habitually in an intoxicated or drugged condition? Yes () No ()
- 6) Are you now, or have you in the past, been adjudged mentally incompetent? Yes () No ()
- 7) Have you ever been arrested for any alcohol or controlled substance violation? Yes () No ()
- 8) Are you named as a Defendant on any current protection order? Yes () No ()

If your answer to any of the above questions is "yes", please explain, with all applicable dates and locations.

I certify that all of the above information is true and I understand that any false statement is a violation of the law (SDCL-23-7-12) and could result in criminal charges as well as non-issuance, or revocation, of my concealed weapons permit.

Signed _____ Date _____