

CODINGTON COUNTY SHERIFF'S OFFICE

Watertown, South Dakota 57201

APPLICATION FOR CONCEALED PISTOL PERMIT

ORI/SD0140000 SC/SD PUR/F ATN/Sheriff Brad Howell - _____ (operator initials)

Name _____

Sex: _____ (M)ale (F)emale Race: _____ (W)hite (I)merican/Alaskan Indian (B)lack (A)sian/Pacific Islander (U)nkknown

DOB: _____/_____/_____ SSN: _____ - _____ - _____ Telephone _____

(Date of birth) (Social Security No.)

Address _____

Street _____ City _____

Mailing Address if Different _____

Place of birth _____ Driver's License No. _____

Occupation _____ Employer _____

Weight _____ Height _____ Eye Color _____ Hair Color _____

Marital status _____

Scars/tattoos _____

Are you a U.S. citizen? _____ If naturalized, what year? _____

Years in South Dakota _____ Years in Codington County _____

Former residence (other states) _____

Have you ever had a pistol permit? _____ If yes, where? _____

If you had a pistol permit, what was the number on the permit? _____

Reason for requesting pistol permit _____

Do you have a criminal record or have you ever been arrested or charged with a crime (including DWI, Simple Assault, etc.)?

_____ (Yes or No)

If yes, give details _____

Have you ever been:

1. Treated for mental illness or committed to a mental institution? _____

2. Convicted of a drug-related charge? _____

3. Addicted to or used any drugs other than those prescribed by a doctor? _____

4. Convicted of a crime of violence? _____

5. Treated or committed to any alcohol program? _____

If the answer to any of the above five questions is yes, list the dates and details of each incident: _____

I, _____, do hereby state that I have not given false information, nor offered false evidence of my identity, in applying for a pistol permit. I also know that the penalty for offering such false information to secure a pistol or pistol permit is a Class 6 Felony (SDCL 23-7-12).

Signature _____ Date _____

Approved by _____ Date _____

**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 Admission Office
605-668-3429

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