

New  
 Renewal

**STATE OF SOUTH DAKOTA**  
**Application and Temporary**  
**Permit to Carry a Concealed Pistol**

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City and State)

**PLEASE TYPE OR PRINT LEGIBLY**

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
City State Zip Code

Residence (if different) \_\_\_\_\_  
City State Zip Code

Driver's License/ID Number \_\_\_\_\_ Occupation \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

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 felony or 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.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

The official permit to carry a concealed pistol will be mailed to the **above address** within 30 days.

Date \_\_\_\_\_

Sheriff's Signature \_\_\_\_\_

County \_\_\_\_\_



SECRETARY OF STATE

Cash \_\_\_ Check \_\_\_ DCI Check: Yes \_\_\_ No \_\_\_