



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

New

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Current Permit Number (if renewal)

Name _____
Last First Middle

Mailing Address _____
City State Zip Code

Residence (if different) _____
City State Zip Code

Date of Birth: / / MM DD YYYY Place of Birth: _____
(City and State)

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, 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.

Date _____ Applicant's Signature _____

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

Jason M. Gant
 JASON M. GANT
 SECRETARY OF STATE

For Sheriff's Use Only

*Sheriff's Signature _____ *Not valid until approved by Sheriff.

County _____ Date _____

Cash Check CC DCI Check: Yes No