



Lawrence County Sheriff's Office

BRIAN C. DEAN, Sheriff
80 Sherman Street, Suite 1
Deadwood, South Dakota 57732-0405
Office: (605) 578-2230 Fax: (605) 578-3913

CONCEALED PISTOL PERMIT APPLICATION

New Renewal Enhanced Gold Regular

Have you ever had a pistol permit? Yes No If yes, where was it issued _____
City, State

NAME: _____
Please Print (Last) (First) (Middle)

Alias, Maiden, or previous names _____

Mailing Address _____
(Address) (City) (State) (Zip)

Physical Address _____
(Address) (City) (State) (Zip)

Social Security Number _____ - _____ - _____ DL# /State _____ Expiration _____

Phone # _____ Date of Birth _____

Place of Birth _____ Occupation _____

Place of Employment /Address _____

Citizenship _____ If non-U.S. Citizen, provide Alien Admission # _____

Issuing County Lawrence Length of residency in issuing county _____

Weight _____ Height _____ Eyes _____ Hair _____ Race _____ Sex _____

1. Have you ever pled guilty to, nolo contendere to, or been convicted of a felony or crime of Violence? **Yes** **No**
2. Are you under indictment or information for a crime punishable by imprisonment for a term exceeding one year? **Yes** **No**
3. Are you a fugitive from justice, including active misdemeanor or felony criminal warrants? **Yes** **No**
4. Are you habitually in an intoxicated or drugged condition? **Yes** **No**
5. Have you been found to be a danger to others or a danger to yourself, or currently adjudicated mentally incompetent? **Yes** **No**
6. Are you a citizen or legal resident of the United States? **Yes** **No**
7. Have you ever received a dishonorable discharge from the military? **Yes** **No**
8. Have you ever renounced your United States citizenship? **Yes** **No**
9. Are you currently the subject of a Protection or Restraining Order for Domestic Violence? **Yes** **No**
10. Have you ever been convicted of a misdemeanor crime of Domestic Violence? **Yes** **No**

I certify that I am the applicant described above and that the information provided on this application is true and correct.

Signature _____ Date: _____

Sheriff Brian C. Dean, Lawrence County Sheriff's Office

**Release of Information Permit
For
Permit to Carry a Concealed Pistol (SDCL 23-7-7.1)**

**FAX TO: SOUTH DAKOTA HUMAN SERVICES CENTER
MEDICAL RECORDS
(605) 668-3429**

**RETURN TO: LAWRENCE COUNTY SHERIFF'S OFFICE
FAX # (605) 578-3913**

NAME - PRINT

DATE OF BIRTH

MAIDEN NAME/ALIAS-PRINT

SOCIAL SECURITY #

I hereby authorize the South Dakota Human Services Center to respond to **Lawrence County Sheriff's Office** regarding the 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

Do not write below this line:

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 in SDCL 27A-1-1?

_____ **YES** _____ **NO**

SIGNATURE OF HSC STAFF RESPONDING

DATE

