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STATE OF SOUTH DAKOTA

Military Application for Renewal Regular Permit (As per SDCL 23-7-8.12) The application must be accompanied by documentation of the deployment, including dates and location of the deployment, if available for disclosure, and a copy of a current, valid, government issued identification card with a photograph of the holder. Current Permit #_____

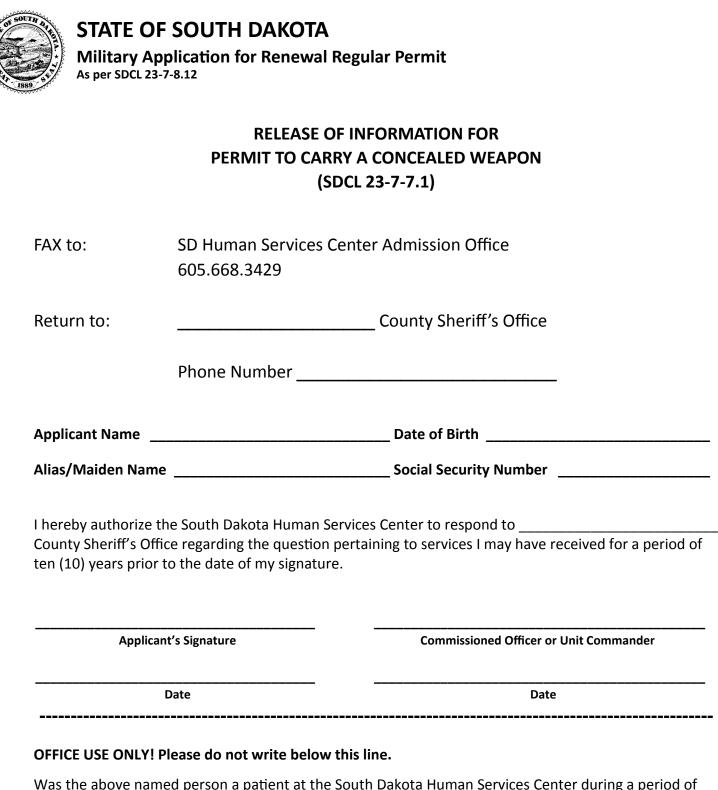
County _____

Name				Middle	
Last Alias/Maiden/Previous Name(s)			First		
Allas/ Maluen/ Previou	s Name(s)				
Physical Address					
	(Actual address in county of residence)	City	State	Zip	
	(Where you are currently stationed)	City	State	Zip	
	idency				
Coll Phone		County Issuing Current P	City	State	
			ennit		
Driver's License #/Stat	e	Social Security Number _	Social Security Number		
Weight	Height	Eve Color	Hair	Color	
	Height(feet / inches)				
Race	Sex	Age			
Data of Birth		Diaco of Pirth			
	(MM/DD/YYYY)		Place of Birth		
Country of Citizenship		Alien/Admission Numbe	Alien/Admission Number		
			(If not US citizen, include number) Service Branch		
List Three References		Telephone Number			
		Telephone Number			
		Talaphana Number			
		Telephone Number			
List ALL Prior Criminal					
As par SDC	(Use back of form if L 23-7-7.1, the following questions a		a tomporary por	nit (Circle Vec er Ne)	
-	23-7-7.5, residency for at least thirty (30	•		· <u> </u>	
	s of age or older? Yes No	of days preceding the date of the ap	plication is not requ	ined for active duty mintary.	
	gal resident of the United States? Ye	es No			
	illty to, nolo contendere to, or been c		violonco? Voc	No	
	an intoxicated or drugged condition?				
		Yes No			
Do you have any histo	-				
-	in the previous ten (10) years to be a		to yourself? Ye	es No	
	idged mentally incompetent? Yes				
	ations involving firearms or drugs cor			ears preceding the date of	
	currently charged under indictment		se? Yes No		
Are you a fugitive from	n justice? Yes No If yes, please	explain:			
I certify that I am the	applicant described and that the ab	ove information is true and corr	ect. I further certij	fy that I have never pled guilty	
	, or been convicted of a crime of vio	-			
	y me and, to the best of my knowled		e and correct. I fu	rther declare that I am unable	
to return to my state	of residence to renew my regular pe	ermit.			

On this _____ day of _____, 20____, the applicant before me personally appeared, to me known to be the person who executed the foregoing instrument, and acknowledged that he/she executed the same of his/her own free act and deed.

Applicant's Signature

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 the signature and found to be a **"Danger to Others"** or a **"Danger to Self"** as defined in SDCL 27A-1-1?

Yes N	o
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