



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 _____
Last First Middle

Alias/Maiden/Previous Name(s) _____

Physical Address _____
(Actual address in county of residence) City State Zip

Mailing Address _____
(Where you are currently stationed) City State Zip

Length of Current Residency _____ Former Residence _____
City State

Cell Phone _____ County Issuing Current Permit _____

Driver's License #/State _____ Social Security Number _____

Weight _____ Height _____ Eye Color _____ Hair Color _____
(feet / inches)

Race _____ Sex _____ Age _____

Date of Birth _____ Place of Birth _____
(MM/DD/YYYY)

Country of Citizenship _____ Alien/Admission Number _____
(If not US citizen, include number)

Rank/Grade _____ Service Branch _____

List Three References _____ Telephone Number _____
_____ Telephone Number _____
_____ Telephone Number _____

List **ALL** Prior Criminal Charges _____
(Use back of form if necessary)

As per SDCL 23-7-7.1, the following questions are requirements for issuance of a temporary permit. (Circle Yes or No)

Pursuant to SDCL 23-7-7.5, residency for at least thirty (30) days preceding the date of the application is not required for active duty military.

- Are you eighteen years of age or older? **Yes No**
- Are you a citizen or legal resident of the United States? **Yes No**
- Have you ever pled guilty to, nolo contendere to, or been convicted of a felony or crime of violence? **Yes No**
- Are you habitually in an intoxicated or drugged condition? **Yes No**
- Do you have any history of violence? **Yes No**
- Have you been found in the previous ten (10) years to be a "danger to others" or a "danger to yourself"? **Yes No**
- Are you currently adjudged mentally incompetent? **Yes No**
- Have you had any violations involving firearms or drugs constituting a felony or misdemeanor in the five (5) years preceding the date of application or are you currently charged under indictment or information for such an offense? **Yes No**
- Are you a fugitive from justice? **Yes No** If yes, please explain: _____

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 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. I further declare that I am unable to return to my state of residence to renew my regular permit.

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

Commissioned Officer or Unit Commander

Date



STATE OF SOUTH DAKOTA

Military Application for Renewal Regular Permit

As per SDCL 23-7-8.12

RELEASE OF INFORMATION FOR PERMIT TO CARRY A CONCEALED WEAPON (SDCL 23-7-7.1)

FAX to: SD Human Services Center Admission Office
605.668.3429

Return to: _____ County Sheriff's Office

Phone Number _____

Applicant Name _____ Date of Birth _____

Alias/Maiden Name _____ Social Security Number _____

I hereby authorize the South Dakota Human Services Center to respond to _____
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.

Applicant's Signature

Commissioned Officer or Unit Commander

Date

Date

OFFICE USE ONLY! Please 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 the 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