

# STATE OF SOUTH DAKOTA

REGULAR   
GOLD CARD

ENHANCED NEW   
RESTRICTED ENHANCED   
(UNDER 21 YEARS OF AGE)  
ENHANCED RENEWAL

## APPLICATION AND TEMPORARY PERMIT TO CARRY CONCEALED PISTOL

NICS NUMBER \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial/Name (NA if no middle) \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different from physical) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_ Occupation \_\_\_\_\_

I am a US Citizen  
 I am not a US Citizen

Driver's License/ID Number \_\_\_\_\_ Alien/Admission# (If not a US Citizen) \_\_\_\_\_

Weight (lbs) \_\_\_\_\_ Height (Feet/Inches) \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Indicate the following:		Yes	No
1	Have you ever pled guilty to, nolo contendere to, or been convicted of a felony or crime of violence?		
2	Are you under indictment or information for a crime punishable by imprisonment for a term exceeding one year?		
3	Are you a fugitive from justice, including active misdemeanor or felony criminal warrants?		
4	Are you habitually in an intoxicated or drugged condition?		
5	Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution?		
6	Have you ever received a Dishonorable Discharge from the military?		
7	Have you ever renounced your United States citizenship?		
8	Are you currently the subject of a Protection or Restraining Order for Domestic Violence?		
9	Have you ever been convicted of a misdemeanor crime of Domestic Violence?		
10	Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? <small>Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.</small>		

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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Contact Number \_\_\_\_\_



Monae Johnson  
Secretary of State

Sheriff's Signature (Not valid until approved signed by Sheriff) \_\_\_\_\_

County \_\_\_\_\_ Date \_\_\_\_\_

Date fingerprint cards were mailed to the State: \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to Day County Sheriff any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic" under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to Day County Sheriff, I, \_\_\_\_\_ on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.

Witness: Mandy Bartlett

Witness: \_\_\_\_\_

\_\_\_\_\_  
*Applicant*  
(SIGNATURE REQUIRED)