

**CONCEALED WEAPONS PERMIT APPLICATION -  NEW  RENEWAL**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

List all other names you have used in the past, (maiden, married, aliases, etc.)

\_\_\_\_\_

Current Physical Address: Street: \_\_\_\_\_, Apt# \_\_\_\_\_ Lot# \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you lived at the above residence? \_\_\_\_\_ years.

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List all states and foreign countries that you have lived in: \_\_\_\_\_

\_\_\_\_\_

1) **Have you ever had a concealed weapons permit refused or revoked:** Yes ( ) No ( )

2) **Have you ever pled guilty to, no contest to, or been convicted of a felony or a crime of violence?** Yes ( ) No ( )

3) Have you ever been arrested for an assault, crime against a person or other violent crime? Yes ( ) No ( )

4) Have you ever been convicted of any crime involving a weapon or for any firearms violation? (except hunting violations) Yes ( ) No ( )

5) Are you habitually in an intoxicated or drugged condition? Yes ( ) No ( )

6) Are you now, or have you in the past, been adjudged mentally incompetent? Yes ( ) No ( )

7) Have you ever been arrested for any alcohol or controlled substance violation? Yes ( ) No ( )

8) Are you named as a Defendant on any current protection order? Yes ( ) No ( )

If your answer to any of the above questions is "yes", explain on the back, with all applicable dates, locations and circumstances.

\_\_\_\_\_

I certify that all of the above information is true and I understand that any false statement is a violation of the law, (SDCL 23-7-12), and could result in criminal charges as well as non-issuance, or revocation, of my concealed weapons permit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_