

CONCEALED WEAPON PERMIT APPLICATION

OGLALA LAKOTA COUNTY

ALL FIELDS ARE REQUIRED TO BE FILLED OUT

TYPE OF PERMIT (CIRCLE DESIRED CHOICE):

REGULAR

GOLD CARD

ENHANCED NEW

ENHANCED RENEWAL

RESTRICTED ENHANCED (UNDER 21 YEARS OF AGE)

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

LIST ALL PREVIOUS/MAIDEN NAME(S): _____

PHYSICAL ADDRESS: _____ TOWN/CITY: _____, SD ZIP: _____

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL): _____ TOWN/CITY: _____, SD ZIP: _____

HOME PHONE #: _____ CELL PHONE # _____ EMAIL ADDR _____

DATE OF BIRTH: _____ SEX (CIRCLE ONE): M - F AGE: _____ RACE: _____

PLACE OF BIRTH: _____ OCCUPATION: _____ EMPLOYER: _____

SOC SEC #: _____ - - DRIVER'S LIC #: _____ TRIBAL ID#: _____

I AM A US CITIZEN(CIRCLE): YES / NO I AM NOT A US CITIZEN: YES / NO

WEIGHT (lbs): _____ HEIGHT(ft/inches): _____ EYE COLOR: _____ HAIR COLOR: _____

TRUTHFULLY ANSWER THE FOLLOWING QUESTIONS (CIRCLE YES OR NO)

- HAVE YOU EVER PLEAD GUILTY TO, NOLO CONTENDERE TO OR BEEN CONVICTED OF A FELONY OR CRIME OF VIOLENCE? YES / NO
 - ARE YOU UNDER INDICTMENT OR INFORMATION FOR A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR? YES / NO
 - ARE YOU A FUGITIVE FROM JUSTICE, INCLUDING ACTIVE MISDEMEANOR OR FELONY CRIMINAL WARRANTS? YES / NO
 - ARE YOU HABITUALLY IN AN INTOXICATED OR DRUGGED CONDITION? YES / NO
 - HAVE YOU EVER BEEN ADJUDICATED AS A MENTAL DEFECTIVE OF HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION? YES / NO
 - HAVE YOU EVER RECEIVED A DISHONORABLE DISCHARGE FROM THE MILITARY? YES / NO
 - HAVE YOU EVER RENOUNCED YOUR UNITED STATES CITIZENSHIP? YES / NO
 - ARE YOU CURRENTLY THE SUBJECT OF A PROTECTION OR RESTRAINING ORDER FOR DOMESTIC VIOLENCE? YES / NO
 - HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR CRIME OR DOMESTIC VIOLENCE? YES / NO
 - ARE YOU AN UNLAWFUL USER OF, OR ADDICTED TO MARIJUANA OR ANY DEPRESSANT, STIMULENT, NARCOTIC DRUG OR ANY OTHER CONTROLLED SUBSTANCE? YES / NO
- (Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medical or recreational purposes in the state where you reside.)
- HAVE YOU EVER HAD A CONCEALED WEAPON PERMIT REFUSED OR REVOKED? YES / NO
 - HAVE YOU EVER BEEN CONVICTED OF A DUI? YES / NO
 - HAVE YOU EVER BEEN ARRESTED FOR ANY ALCOHOL OR CONTROLLED SUBSTANCE VIOLATION? YES / NO
 - HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE OR HAVE A HISTORY OF VIOLENCE? YES / NO
 - AT THE TIME OF THIS APPLICATION, I HAVE BEEN A RESIDENT OF OGLALA LAKOTA COUNTY FOR THE LAST 30 DAYS? YES / NO
 - HAVE YOU EVER BEEN CONVICTED OF ANY CRIME INVOLVING A WEAPON OR FOR ANY FIREARMS VIOLATIONS (except hunting violations)? YES / NO

I CERTIFY THAT I AM THE APPLICANT DESCRIBED AND THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FUTHER CERTIFY THAT I HAVE NEVER PLED GUILTY TO, NO 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

SHERIFF'S SIGNATURE (Not valid until approved signed by the Sheriff)

COUNTY

DATE