

Pistol Permit Application

Hughes County Sheriff's Office

Sheriff Mike Leidholt 3200 E. Highway 34 Pierre, SD 605-773-7470

Please Print

Date of Application _____

I Am Applying For A:

Regular Permit - Fee \$10

Enhanced Permit - Fee \$100
(All payments must be cash or check only)

Gold Card - Fee \$70

Have You Ever Held A Pistol Permit? No Yes Six Digit Permit Number _____

Are You A U.S. Citizen? _____ If No, How Long Have You Been A U.S. Resident? _____

County of Residence _____ Have You Been A Resident of Hughes County for 30 Days? _____

Name _____
(Last) (First) (Full Middle Name)

Aliases _____ Telephone# _____
(Maiden Name And Any Other Aliases)

Address _____ City & Zip Code _____

Mailing Address _____ City & Zip Code _____
(Note: No Mail Forwarding)

Date of Birth _____ Age _____ Place of Birth _____
(City and State)

Social Security Number _____ Driver License Number _____

Race _____ Sex _____ Eyes _____ Hair _____ Weight _____ Height _____

Occupation _____
(Employer/Place of Employment)

Have you ever pled guilty or been convicted of a felony? _____ If yes, please indicate when and where (city & state).

Have you ever been refused a pistol permit? _____ If yes, please indicate when and where (county & state).

Have you ever been committed to, or sought treatment at a mental hospital? _____ If yes, please indicate when and where (city & state).

Have you ever been charged with and/or been convicted of Domestic Violence? _____ If yes, please indicate when and where (city & state).

I swear and affirm under the penalties of perjury that all the information provided on this form is true and correct to the best of my knowledge.

X
(Signature)

***** (Office Use Only) *****

Record & NCIC _____ Results _____

Remarks _____ Case # _____

Authorized By: _____ Date _____ Time _____

ATTENTION: SD HUMAN SERVICES CENTER

ADMISSIONS OFFICE

FAX#: (605) 668-3429

RETURN TO: HUGHES COUNTY SHERIFF'S OFFICE

FAX#: (605) 773-7417

RELEASE OF INFORMATION

FOR PERMIT TO CARRY A CONCEALED PISTOL

(SDCL 23-7-7.1)

NAME – PRINT

DATE OF BIRTH

MAIDEN NAME OR ALIAS – PRINT

SOCIAL SECURITY #

I hereby authorize the South Dakota Human Services Center to respond to Hughes County Sheriff's Office regarding the following question pertaining to services I may have received for a period of ten (10) years prior to the date of my signature.

SIGNATURE

DATE

WITNESS

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 signature and found to be a "danger to others" or a "danger to self" as defined in 27a-1-1?

_____ YES _____ NO

SIGNATURE OF HSC STAFF RESPONDING

DATE