

SOUTH CAROLINA CONCEALED WEAPON PERMIT APPLICATION

Mail completed application form/enclosures to: CWP Application, SLED Regulatory, PO Box 21398, Columbia, SC 29221

Disabl					pe submitted as indicated below): nent:Active Law Enforcement:	
Applicat	ion Type (New/	Renewal):	CWP # (Renewa	ıl Only):		
Full Nam	ne (Last, First, M	iddle, Maiden,Suffix):				
Residence Address:			Maili	Mailing Address:		
City:		Stat	e:	Zip:	County:	
Social Se	curity #:	DL/ID Car	rd #:	Alien #:_		
Date of E	Birth (YYYY/MIV	/DD):	Place of Birth:_			
Race:	Sex:	Height:We	eight:Eye C	olor:Hair Colo	r:	
Home Ph	none:	Business Phone:	Cell	Phone:	E-Mail:	
Training	Date:	Instructor Ce	rt. #:	Student #:		
Instructo	or Signature:			Date:		
For ques	tions about the lease visit <u>www</u> Processing tim <u>Applicants mu</u> Applicants mu Resident alien	<mark>r.sled.sc.gov</mark> (Concealed Weapo e may be up to 90 days. A rene st include a non-refundable pa	is, or if you need infor on Permit Program tal wal application should yment of \$50.00 (certi copy of their state issu alien card from the De	mation on state laws and o). I be mailed 90-120 days pr fied check, cashier's check ed driver's license or offic partment of Homeland Se	, or money order) made payable to SLED. ially issued identification card. curity.	
The fo 1. 2. 3. 4. 5. 6. 7. 8. 9.	Applicants mu Applicants mu Active duty mi Retired law en Active/retired documentatio graduation fro Disabled veter CWP training of Training date,	st submit two (2) complete, leg litary applicants must submit n forcement officers exempt fror South Carolina law enforceme	d, signed, and dated algible sets of fingerprin nilitary orders. Retired in paying the fee must nt officers exempt fro crement officers (or the hat included firearms e must submit docume ted within three year, and student number	t cards (see applicants <i>Prin</i> or former military applica submit proof of retirement training must submit cunose whose certification had a graduation retaining as a graduation retaining the application, and the world filling the application, must be entered onto the	ating disability percentage. application.	
• • •	I am eligible for I am not prohi I will notify SLI I acknowledge	INFORMATION BY APPLICANT: or a South Carolina Concealed V bited from possessing a handgu ED immediately if I become pro false information may cause d tertifies I have reviewed the en	In pursuant to Section hibited by federal/sta enial of my application	922, Title 18, United State te laws or court orders fro and subject me to any ap	es Code. m possessing a handgun. plicable criminal penalties.	

Signature of Applicant: ______Date: ______