



SHERIFF'S OFFICE HAMLIN COUNTY

SHERIFF CHAD SCHLOTTERBECK

300 4th Street - PO Box 208; Hayti, South Dakota 57241-0208

Phone: (605) 783-3232 Fax: (605) 783-1330

https://hamlincountysd.org/sheriff/

"As Guardians of the Constitution, We will Serve our Communities with Honesty, Integrity and Professionalism"

APPLICATION FOR CONCEALED PISTOL PERMIT

PLEASE NOTE: If the application is not completely filled out and legible, your application will be denied. There are three pages to the application.

Full Name: _____
Last Name First Name Middle Name

Sex: Female Male Date of Birth: ___/___/___ Phone Number: (____) ____-_____

Race (Required for Background): American/Alaskan Indian Asian/Pacific Black White

Social Security Number (Required for Background): _____ - _____ - _____

Physical Street Address: _____

Mailing Address (If Different from Street): _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____ Type: Driver's License ID Card

Weight: _____ lbs Height: _____ ft _____ in

Hair Color: Bald Black Blonde Blue Brown Grey Pink Red Sandy

Place of Birth (Required for Background): _____, _____
City State

Eye Color: Black Blue Brown Grey Green Hazel Maroon Pink Dichromatic

Occupation: _____ Employer: _____

U.S. Citizen: Yes No If No, Provide Alien Admission Number: _____
If Naturalized, What Year: _____

Had Former Residences in Other States: Yes No
If Yes, What States (Abbreviated) _____, _____, _____, _____

Have You Had a South Dakota Pistol Permit: Yes No

Question for Gold and Enhanced Pistol Permit Applicant, if applying for the Regular, please skip this question and go on to the next page. Did You Complete and Pass the Required Training Course from a Certified Firearms Instructor in the state of South Dakota? Yes No Retired Law Enforcement Officer

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Questionnaire:

- Are you 18 years of age or older? Yes No
- Are you a citizen or legal resident of the United States? Yes No
- Have you lived in Hamlin County for more than 30 consecutive days? Yes No
- Are you under indictment for a crime punishable by imprisonment for a term over 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 conditions? Yes No
- Have you ever been a danger to others, yourself, or currently adjudicated mentally incompetent within 10 years? 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 Domestic Violence or Domestic Assault? Yes No
- Have you ever been committed to a mental institution in the past 10 years? Yes No
- Have you ever been convicted of a drug-related crime in the past 5 years? Yes No
- Are you currently addicted to or currently using any drugs other than those prescribed by a licensed doctor? Yes No
- Do you feel like hurting yourself or others? Yes No
- Have you ever been treated or committed to any alcohol program other than a court order in the past 10 years? Yes No
- Have you ever pled guilty to, nolo contendere to, or been convicted of a crime of violence or felony? Yes No

"Crime of violence," any of the following crimes or an attempt to commit, or a conspiracy to commit, or a solicitation to commit any of the following crimes: murder, manslaughter, rape, aggravated assault, riot, robbery, burglary in the first degree, arson, kidnapping, felony sexual contact as defined in SDCL22-22-7, felony child abuse as defined in SDCL26-10-1, or any other felony in the commission of which the perpetrator used force, or was armed with a dangerous weapon, or used any explosive or destructive device.

I, _____, do hereby state that I have not given false information, nor offered false evidence of my identity, in applying for a pistol permit. I also know that the penalty for offering such false information to secure a pistol or pistol permit is a Class 6 Felony under South Dakota's state law 23-7-12.

I, _____, authorize the Hamlin County Sheriff's Office and/or the State of South Dakota to conduct any background check as required by state and federal laws.

Applicant Signature: _____ Date: ____/____/____

CONTINUE WITH THE NEXT PAGE FOR HUMAN SERVICE CENTER →

SHERIFF'S OFFICE USE ONLY - Do not fill this section

Type of Permit: R G E File Number: _____
Triple I Check: Yes NICS Check: Yes IAQ Check: Yes NA CentralSquare: Yes

Officer's Signature Doing the Checks: _____ Date: ____/____/____



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**Fax to: Human Services Center Records Office
605-668-5699 Fax Line**

**Return to: Hamlin County Sheriff's Office
605-783-1330 Fax Line
605-783-3232 Phone Line**

Release of Information for Permit to Carry a Concealed Weapon (SDCL 23-7-7.1)

Name (Please Print)

Date of Birth

Maiden Name or Any Other Alias (Please Print)

Social Security Number

I hereby authorize the South Dakota Human Services Center to respond to the Hamlin 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 by SDCL 24A-1-1?

Yes

No

Signature of HSC Staff Responding

Date

THANK YOU



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ENHANCED/GOLD CARD PISTOL PERMITS PRINTING

Please fill out the fingerprint card as shown below.

| | | | | | | | | | | | |
|---|---|--|--------------|--|-------|---------------|---|----------------|----------------|----------------|--|
| APPLICANT | | LEAVE BLANK | | TYPE OR PRINT ALL INFORMATION IN BLACK | | | Please Fill In Authorization Form on Back. | | | | |
| SIGNATURE OF PERSON FINGERPRINTED 1 | | LAST NAME NAM 4 | | FIRST NAME MIDDLE NAME | | | SD Div. Criminal Inv. George S. Mickelson Bldg. 1302 E. Hwy 14 Ste 5 Pierre, SD 57501-8505 | | | | |
| RESIDENCE OF PERSON FINGERPRINTED 2 | | ALIASES AKA 5 | | CITIZENSHIP CIT 6 | | | DATE OF BIRTH DOB Month Day Year 14 | | | | |
| DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS | | SEX 8 | | | RACE 9 | HGT. 10 | WGT. 11 | EYES 12 | HAIR 13 | PLACE OF BIRTH POB 15 |
| EMPLOYER AND ADDRESS | | ARMED FORCES NO. MNU | | | CLASS | | | LEAVE BLANK | | | |
| REASON FINGERPRINTED 3 | | SOCIAL SECURITY NO. SOC 7 | | | REF | | | | | | |
| | | MISCELLANEOUS NO. MNU | | | | | | | | | |

1. Sign your full name.
2. Put your physical street address, city, state, and zip-code
3. Reason: Pistol Permit
4. Print your last name, first name, and full middle name.
5. Put down any aliases or maiden names.
6. Country of Citizenship (U.S. for United States)
7. Write down your social security number.
8. Sex: **M** - Male or **F** - Female
9. Race: **W** for Caucasian, Central/South American, Cuban, Mexican, Other Spanish Culture
B for African American
A for Asian, Chinese, Japanese, Filipino, Korean, Polynesian
I for Native American
U for Undeterminable
10. Height: Feet than Inches (example: 5-10 or 6-01)
11. Weight: In pounds (example: 175)
12. Eyes: **BLK** - Black, **BLU** - Blue, **BRO** - Brown, **GRN** - Green, **GRY** - Gray, **HAZ** - Hazel
13. Hair: **BAL** - Bald, **BLK** - Black, **BLN** - Blonde, **BRO** - Brown, **GRY** - Gray, **RED** - Red, **SDY** - Sandy
14. Date of Birth (Month, Day, Year) (Example: 07 19 1992)
15. City and State where you were born (Example: Watertown, SD)

Please leave the *employer* box blank.

Do not fill out the *signature of the official taking fingerprints*, as we will sign that box when you get your prints done at the sheriff's office.



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