



# 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:** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
MM DD YYYY

**Race (Required for Background):** ☐ White ☐ Asian/Pacific ☐ Black ☐ Native American ☐ Undeterminable

**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:** \_\_\_\_\_

**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) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Do You Have an Active South Dakota Pistol Permit?** ☐ Yes ☐ No If Yes, Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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

**CONTINUE WITH THE BACK PAGE →**





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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, \_\_\_\_\_ (print your name), 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, \_\_\_\_\_ (print your name), 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

**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 (Month, Day, Year)

\_\_\_\_\_  
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

☐

Unable to Read Name

\_\_\_\_\_  
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.				
		LAST NAME	FIRST NAME	MIDDLE NAME						
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		SD Div. Criminal Inv. George S. Mickelson Bldg. 1302 E. Hwy 14 Ste 5 Pierre, SD 57501-8505		DATE OF BIRTH <u>DOB</u> Month Day Year				
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH <u>POB</u>
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS									
EMPLOYER AND ADDRESS		ARMED FORCES NO. <u>MNU</u>		CLASS _____						
REASON FINGERPRINTED		SOCIAL SECURITY NO. <u>SOC</u>		REF _____						
		MISCELLANEOUS NO. <u>MNU</u>		LEAVE BLANK						

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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