

NTN# _____

Concealed Carry Application

Hughes County Sheriff's Office

Sheriff Patrick Callahan 3200 E. Highway 34 Pierre, SD 605-773-7470

Please Print

Date of Application _____

I Am Applying For A(n):

☐ Regular Initial

☐ Gold Initial

☐ Enhanced Initial

☐ Regular Renewal

☐ Gold Renewal

☐ Enhanced Renewal

Have You Ever Held A Concealed Carry Permit? ☐ No ☐ Yes

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

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/or Any Other Aliases)

Address _____ City & Zip Code _____
(Note: Physical Address MUST be in Hughes County. Mail will NOT forward)

Mailing Address _____ City & Zip Code _____
(Can be outside of Hughes County or State of SD)

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

Social Security Number _____ Driver License Number _____

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

Job Title _____ Have you smoked marijuana in the past 365 days? Yes ___ No ___

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 concealed carry 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) *****

NICS _____ HSC _____ TRIPLE I LOG _____

Remarks _____