



# SOUTH CAROLINA CONCEALED WEAPON PERMIT APPLICATION

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

Please check if any of the following apply (proper documentation must be submitted as indicated below):

Disabled Veteran: \_\_\_\_\_ Retired/Former Military: \_\_\_\_\_ Active Military: \_\_\_\_\_ Retired Law Enforcement: \_\_\_\_\_ Active Law Enforcement: \_\_\_\_\_

Application Type (New/Renewal): \_\_\_\_\_ CWP # (Renewal Only): \_\_\_\_\_

Full Name (Last, First, Middle, Maiden, Suffix): \_\_\_\_\_

Residence Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DL/ID Card #: \_\_\_\_\_ Alien #: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Training Date: \_\_\_\_\_ Instructor Cert. #: \_\_\_\_\_ Student #: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You must answer the following three questions. If any of the answers are "No" you will not be eligible for a permit.**

Are you a South Carolina resident or qualified non-resident (Section 23-31-210, S.C. Code of Laws)?  Yes  No

Have you successfully completed the required training (Section 23-31-210, S.C. Code of Laws)?  Yes  No

Are you allowed by all applicable federal/state laws and court orders to possess a handgun?  Yes  No

## **INSTRUCTIONS- REVIEW CAREFULLY BEFORE APPLICATION SUBMISSION:**

For questions about the CWP application process, forms, or if you need information on state laws and regulations, please visit [www.sled.sc.gov](http://www.sled.sc.gov)

- Processing time may be up to 90 days. A renewal application should be mailed 90-120 days prior to permit expiration.
- Applicants must include a non-refundable payment of \$50.00 (certified check, cashier's check, or money order) made payable to SLED.
- Applicants must submit a good quality photocopy of their state issued driver's license or officially issued identification card.
- Resident aliens must provide a copy of their alien card from the Department of Homeland Security.
- Qualified nonresident applicants must submit a completed Real Property Tax Form (SLED Form R-168).

The following only apply to NEW permit applications:

- Applicants must submit an original completed, signed, and dated application. The CWP instructor must also sign the application.
- Applicants must submit two (2) complete, legible sets of fingerprint cards.
- Active duty military applicants must submit military orders. Retired or former military applicants must submit a copy of their DD214.
- Retired law enforcement officers exempt from paying the fee must submit proof of retirement benefits/pension documentation.
- Active/retired South Carolina law enforcement officers exempt from training must submit current legal and firearm training documentation. Out-of-state retired law enforcement officers (or those whose certification has expired) must submit proof of graduation from a federal or state academy that included firearms training as a graduation requirement.
- Disabled veterans exempt from paying the fee must submit documentation from the VA indicating disability percentage.
- CWP training courses must have been completed within three years of filing the application.
- Training date, instructor certification number, and student number must be entered onto the application.
- You must submit a signed copy of the SLED CWP Instructor/Student Checklist with your application.

## **CERTIFICATION OF INFORMATION BY APPLICANT:**

- I am eligible for a South Carolina Concealed Weapon Permit pursuant to Sections 23-31-210/215 of the S.C. Code of Laws.
- I am not prohibited from possessing a handgun pursuant to Section 922, Title 18, United States Code.
- I will notify SLED immediately if I become prohibited by federal/state laws or court orders from possessing a handgun.
- I acknowledge false information may cause denial of my application and subject me to any applicable criminal penalties.
- My signature certifies I have reviewed the entire application and all information on it is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_