

SOUTH CAROLINA CONCEALED WEAPONS PERMIT APPLICATION

Mail Completed Form/Enclosures to: CWP Application, SLED Data Center, P.O. Box 21398, Columbia, S.C. 29221-1398).

Application Type (New or Renewal):	CWP # (Renewal Only):
Full Name (Last, First, Middle, Maiden, Suffix):	
Residence Address:	Mailing Address:
City: State: Zip	Code: County:
Social Security #: DL/ID	Card #: Alien #:
Date of Birth (YYYY/MM/DD):	Place of Birth:
Race: Sex: Height: V	Veight: Eye Color: Hair Color:
Home Phone: Business Pho	ne: Cell Phone:
E-Mail: Training	Date: Instructor Cert. #:
INSTRUCTIONS - REVIEW CAREFULLY BEFORE APPLICATIO 1. (New and Renewal) - If you have questions or need for the control of the	orms/copies of laws, go to SLED's web site at www.sled.sc.gov. s. A renewal should be mailed 90 - 120 days before permit's expiration. npleted application with signature and date. ck, or money order for \$50 (non-refundable) payable to SLED is required. y of his/her driver's license (DL) or identification card (SC or other state). copy of his/her alien card from the Department of Homeland Security. ocumentation (e.g. utility bill) supporting SC residency for 90 days. ubmit a completed Real Property Tax Form (SLED Form R-168).
CERTIFICATION OF INFORMATION BY APPLICANT: I am eligible for a South Carolina Concealed Wea I am not prohibited from possessing a handgun p	pons Permit pursuant to Sections 23-31-210/215, SC Code of Laws. Dursuant to Section 922, Title 18, United States Code. Dited 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:	
		Form R-078 (Revised 03/27/09)