

## SC CONCEALED WEAPON PERMIT – STUDENT APPLICATION

Please complete all sections, and print clearly. The information collected here is required on the CWP application form and the FBI fingerprint cards. If you have any questions, please call me at (803) 917-5343.

Check if any of the following apply (proper documentation must be submitted as required by SLED)

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

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix (Ex. Jr., II, III) \_\_\_\_\_ Maiden Name \_\_\_\_\_ Name you go by \_\_\_\_\_

Residence 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: \_\_\_\_\_

Are you a South Carolina resident or qualified non-resident? Yes \_\_\_ No \_\_\_

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

Do you have a pistol for the class? Yes \_\_\_ No \_\_\_ If yes, please provide the manufacturer, model & caliber:

Make \_\_\_\_\_ Model \_\_\_\_\_ Caliber \_\_\_\_\_

Your pistol must be a fully functioning and well maintained semi-automatic or double action revolver. **No single action revolvers are permitted.** This is safety issue. If you need to borrow a pistol, for a small fee we can provide you with both a pistol and ammunition. When borrowing our pistol, you must use our ammunition.

As part of the required CWP Proficiency Course, SLED requires that you fire from both the ready position and from presentation (Ex. from a holster). For safety reasons, you must use a quality leather or Kydex holster specific to your pistol with a suitable and sturdy belt. Holsters must be Outside the Waistband (OWB). No Inside the Waistband (IWB), cross draw, small of the back, belly bands, shoulder holsters, or purses whether designed for conceal carry or not.

Do you have a pistol specific holster? Yes \_\_\_ No \_\_\_ If yes, please describe manufacturer and construction type: \_\_\_\_\_ If you do not have a quality pistol specific OWB holster, you must first acquire one, or borrow one of our pistols, including using our ammunition as described above.

**Special Needs:** If you have any special needs, or physical, medical, mental, or other condition that might require accommodations or of which we need to be aware, please let us know in writing below. These things DO NOT preclude you from taking this course, but knowing about any issues can help us better meet your needs and help you get the most out of the course. Examples: diabetes, epilepsy, asthma, heart conditions, problems gripping (arthritis, missing or malformed digits, etc.), problems standing (require wheelchair/cane/walker, etc.), attention issues, prior traumatic experience with firearms or violence, hearing issues, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

**Release of Liability:** ALL STUDENTS WILL BE REQUIRED TO EXECUTE A FULL WAIVER OF LIABILITY TO TAKE THIS COURSE, AND YOU MUST NOT BE PROHIBITED BY LAW FROM OWNING OR HANDLING FIREARMS.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Scan and Email your completed form to: [mail.edjean@gmail.com](mailto:mail.edjean@gmail.com)