



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR LICENCE TO POSSESS A FIREARM

Section 12, 13, 14, 15, 16, 17, 19 and 20 of the Act, 2000 (Act no 60 of 2000)

OFFICIAL DATE STAMP

DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED			
1 Application reference No			
2 Number of application		of	

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED			
1	Province		
2	Area		
3	Police station		
4	Component code		
5	Firearm applications register reference No	SAPS 86	NO
		YEAR	

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
1	Outstanding/Additional information required		
		2 Persal number	3 Date
		4 Signature of police official	5 Name in block letters
6	Application for licence approved (Indicate with an X)		
		7 Persal number	8 Date
		9 Signature of CFR officer	11 Name in block letters
		10 Officer code	
12	Application for licence refused (Indicate with an X)	13 Reason(s) for refusal	
		14 Persal number	15 Date
		16 Signature of CFR officer	18 Name in block letters
		17 Officer code	

D. TYPE OF APPLICATION FOR A LICENCE TO POSSESS A FIREARM(S)

¹ Main firearm licence holder ² Additional firearm licence holder (Indicate with an X)

Section number	Type of licence/permit	Period of validity	X
3.1	13 Licence to possess a firearm for self-defence	Five years	
3.2	14 Licence to possess a restricted firearm for self-defence	Two years	
3.3	15 Licence to possess a firearm for occasional hunting and/or sport-shooting	Ten years	
3.4	16 Licence to possess a firearm for dedicated hunting and/or dedicated sport-shooting	Ten years	
3.5	17 Licence to possess a firearm in a private collection	Ten years	
3.6	19 Licence to possess a firearm, in a public collection	Ten years	
3.7	20 Licence to possess a firearm for business purposes: Business in hunting	Five years	
3.8	20 Licence to possess a firearm for business purposes: Other business purposes	Two years	
3.9	20 Licence to possess a firearm for business purposes: For use in theatrical, film and TV productions	Two years	
3.10	20 Licence to possess a firearm for business purposes: As a security business	Two years	
3.11	20 Licence to possess a firearm for business purposes: For training purposes	Two years	
3.12	20 Licence to possess a firearm for business purposes: As a game rancher	Two years	

E. DESCRIPTION OF FIREARM (Indicate with an X)

TYPE OF FIREARM

Rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>	Handgun	<input type="checkbox"/>	Combination	<input type="checkbox"/>
Other, specify (armament/indeterminable design type)	<input type="text"/>						

DETAILS OF FIREARM (Indicate with an X)

Action	Semi-automatic	<input type="checkbox"/>	Automatic	<input type="checkbox"/>	Manual	<input type="checkbox"/>
	Other action (specify) <input type="text"/>					

1.2 Names and addresses engraved in the metal

1.3 Calibre	<input type="text"/>				1.4 Calibre code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.5 Make	<input type="text"/>								
1.6 Model	<input type="text"/>								

Firearm component type:

1.7 Barrel serial number	<input type="text"/>			1.8 Make	<input type="text"/>
1.9 Frame serial number	<input type="text"/>			1.10 Make	<input type="text"/>
1.11 Receiver serial number	<input type="text"/>			1.12 Make	<input type="text"/>

F. PARTICULARS OF CURRENT OWNER

1 Type of owner (Indicate with an X)

A Private owner	<input type="checkbox"/>	B Firearm dealer	<input type="checkbox"/>	C Company	<input type="checkbox"/>	D Imported firearm	<input type="checkbox"/>	E Estate	<input type="checkbox"/>
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2 NATURAL PERSON'S DETAILS

3 **TYPE A (Private owner)**

4	Surname													5 Initials								
6	Full names																					
7	Identity number													-			-			-		
8	Residential address																					
														9 Postal Code								
10	Postal address																					
														11 Postal Code								
12	Telephone number	12.1 Home	()	12.2 Work	()													
12.3	Cellphone number													13 Fax	()					
14	E-mail address																					
15	Are there any additional firearm licence holders for this firearm? (Indicate with an X)												YES			NO						

16 **JURISTIC PERSON'S DETAILS**

17 **TYPE B (Firearm dealer)**

18	Registered company name																					
19	Trading as name																					
20	FAR number																					
21	Postal address																					
														22 Postal Code								
23	Business address																					
														24 Postal Code								
25	Business telephone number	25.1 Work	()	25.2 Fax	()													
26	E-mail address																					
27	Responsible person (Name and surname)																					
28	Type of identification (Indicate with an X)	SA citizen					Non-SA citizen with permanent residence*															
29	Identity number of responsible person													-			-			-		
30	Cellphone number																					
31	Physical address																					
														32 Postal Code								
33	Postal address																					
														34 Postal Code								

35 **SAP 350 (A) DETAILS**
Firearm received from

36	Name																
37	Identification number or FAR number																
38	Address																
39	Postal code					40 Date received											

* In case of a non-SA citizen proof of permanent residence must be submitted.

41 **TYPE C (Companies)**

42	Registered company name																	
43	Trading as name																	
44	FAR number																	
45	Postal address																	
														46 Postal Code				
47	Business address																	
														48 Postal Code				
49	Business telephone number	49.1 Work	()	49.2 Fax	()											
50	E-mail address																	
51	Responsible person (Name and surname)																	
52	Type of identification (Indicate with an X)	SA citizen					Non-SA citizen with permanent residence*											
53	Identity number of responsible person							-						-			-	
54	Cellphone number																	
55	Physical address																	
														56 Postal Code				
57	Postal address																	
														58 Postal Code				

59 **TYPE D (Imported firearms)**

60	Import permit number																	
61	Date issued													-			-	
62	Expiry date													-			-	

63 **TYPE E (Estate)**

64 **Type of estate** (Indicate with an X)

65	Executorship		Administratorship		Curatorship		Trust											
66	Surname													67 Initials				
68	Full names																	
69	Identity number of the owner of the firearm							-						-			-	
70	Name and surname of executor, administrator, curator, trustee or liquidator																	
71	Type of identification (Indicate with an X)	Non-SA citizen with permanent residence*					SA citizen											
72	Identity number of executor, administrator, curator, trustee or liquidator							-						-			-	
73	Telephone number	73.1 Home	()	73.2 Work	()											
73.3	Cellphone number											74 Fax	()				
75	Physical address																	
														76 Postal Code				
77	Postal address																	
														78 Postal Code				

* In case of a non-SA citizen proof of permanent residence must be submitted

79 Physical address where firearm(s) is kept

80 Postal Code

81 **DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)**

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to sell or supply it to the applicant once the necessary licence(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

82 Name and surname of current owner/authorized person

83 Identification number of current owner/authorized person

84 Designation

85 Date

86 Signature of current owner/authorized person

87 Place

G. PARTICULARS OF APPLICANT (Complete only the section that has bearing on you.)

1 **PARTICULARS OF EXISTING COMPETENCY CERTIFICATE** (Indicate with an X)

1.1	A	Competency certificate to trade in firearms		<input type="checkbox"/>
1.2	B	Competency certificate to manufacture firearms		<input type="checkbox"/>
1.3	C	Competency certificate to conduct business as a gunsmith		<input type="checkbox"/>
1.4	D	Competency certificate to possess a firearm (Indicate with an X)		<input type="checkbox"/>
		Handgun	Rifle	Shotgun
1.5		Competency certificate number		
1.6	Date of issue	-		1.7 Expiry date

2 **DETAILS OF FIREARMS IN YOUR POSSESSION AND FOR WHICH YOU HAVE A LICENCE, PERMIT OR AUTHORIZATION**

2.1	Type	Calibre	Make	Barrel Serial No	Frame/receiver Serial No	Licence/permit authorization No

3 **NATURAL PERSON'S DETAILS**

4 **PRIVATE PERSON**

5 **Type of identification** (Indicate with an X)

5.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>	
6	Identity number of private person				
7	Surname				
					8 Initials
9	Full names				
10	Date of birth				
		-		-	
11	Age				
12	Gender		Male	Female	
13	Residential address				
					14 Postal Code
15	Postal address				
					16 Postal Code
17	Type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)				
18	Trade or profession		19 If self-employed, specify		
20	Name of employer/company				
21	Business address				
					22 Postal Code
23	Telephone number		23.1 Home	()	23.2 Work
					()
23.3	Cellphone number		24 Fax		()
25	E-mail address				

26 **Marital status** (Indicate with an X)

27	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

* In case of a non-SA citizen proof of permanent residence must be submitted

28 **PARTICULARS OF APPLICANT'S SPOUSE/PARTNER**

29 **Type of identification** (Indicate with an X)

29.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
30	Identity number of spouse			
31	Passport number of spouse			
32	Name and surname			

33 **JURISTIC PERSON'S DETAILS**

34 **OTHER BODIES** (eg body corporate, close corporation or company)

35	Registered company name			
36	Trading as name			
37	FAR number			
38	Postal address			
				39 Postal Code
40	Business address			
				41 Postal Code
42	Business telephone number	42.1 Work	()	42.2 Fax ()
43	E-mail address			
44	Number of firearms already registered to the business			
45	Number of persons employed by the business to handle firearms			
46	Responsible person (Name and surname)			
47	Type of identification (Indicate with an X)	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence* <input type="checkbox"/>
48	Identity number of responsible person			
49	Cellphone number			
50	Physical address			
				51 Postal Code
52	Postal address			
				53 Postal Code

54 **OTHER DETAILS** (Applicable to dedicated hunters, dedicated sports-persons or collectors only.)

55	Are you a member of an accredited association? (Indicate with an X)		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details	
56	State name of accredited association							
57	FAR number of accredited association							
58	Membership number				59 Date joined		-	-
					60 Expiry date		-	-

61 Motivation of purpose for which the firearm is required (Applicable to all types of applications)

* In case of a non-SA citizen proof of permanent residence must be submitted

62	HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
62.1	Police station ⁽¹⁾		62.2 CAS/Case number	
62.3	Charge			
62.4	Outcome			
62.5	Police station ⁽²⁾		62.6 CAS/Case number	
62.7	Charge			
62.8	Outcome			
63	ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
63.1	Police station ⁽¹⁾		63.2 CAS/Case number	
63.3	Offence			
63.4	Police station ⁽²⁾		63.5 CAS/Case number	
63.6	Offence			
64	HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
64.1	Police station ⁽¹⁾		64.2 CAS/Case number	
64.3	Circumstances			
64.7	Details of firearm			
64.5	Police station ⁽²⁾		64.6 CAS/Case number	
64.7	Circumstances			
64.8	Details of firearm			
65	WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
65.1	Police station ⁽¹⁾		65.2 CAS/Case number	
65.3	Charge		65.4 Outcome	
65.5	Police station ⁽²⁾		65.6 CAS/Case number	
65.7	Charge		65.8 Outcome	
66	HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
66.1	Police station ⁽¹⁾		66.2 CAS/Case number	
66.3	Charge			
66.4	Date from		66.5 Period	
66.6	Police station ⁽²⁾		66.7 CAS/Case number	
66.8	Charge			
66.9	Date from		66.10 Period	
67	HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
67.1	Police station ⁽¹⁾		67.2 CAS/Case number	
67.3	Circumstances		67.4 Outcome	

67.5	Police station ⁽²⁾		67.6	CAS/Case number	
67.7	Circumstances		67.8	Outcome	

68 DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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68.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)

Type of safe	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>
Strongroom	<input type="checkbox"/>			
Device	<input type="checkbox"/>			

69 IS SAFE MOUNTED? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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69.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X)

Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>
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70 DECLARATION BY APPLICANT

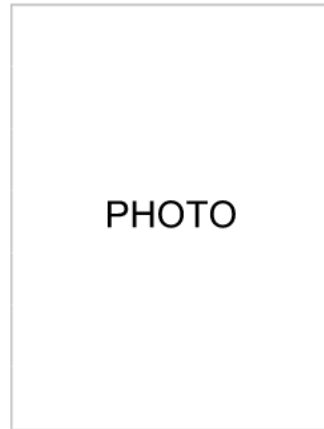
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

H. SIGNATURE OF APPLICANT (Sign only if applicable)

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.

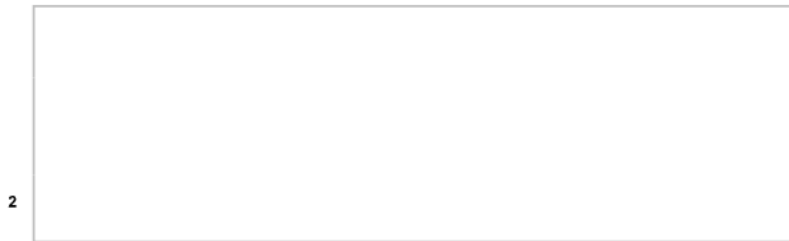


1

⁴ Fingerprint designation



3



2

Signature

5

Name of applicant in block letters

6 Date - -

7 Place

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official

PARTICULARS OF WITNESS

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

I. PARTICULARS OF INTERPRETER

(This section must be completed only if the applicant cannot read or write or does not understand the content of this form.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address

⁴ Postal Code

5 Postal address

⁶ Postal Code

7 Telephone number ^{7.1} Home () ^{7.2} Work ()

8 Cellphone number ⁹ Fax ()

10 E-mail address

11 Interpreted from (language) to

12 Date

13

Signature of interpreter

14 Place

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

J. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended Not recommended

2 Name and surname of parent/guardian

3 Identity/Passport number of parent/guardian

4 Comments of parent/guardian

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5	Date					-			-		
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6
Signature of parent/guardian

7	Place	
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***** NOTIFICATION OF CHANGE OF ADDRESS *****

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

K. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

REPORT OF DESIGNATED FIREARMS OFFICER IN THE CASE OF A RESTRICTED FIREARM FOR SELF-DEFENCE

Place where the applicant resides (indicate with an X)	urban area		rural area		farm		smallholding	
	other							

3 If the applicant resides in a rural area/on a farm or smallholding, state the following

3.1 Distance to nearest neighbours		metre/kilometre
3.2 Distance to nearest police station		metre/kilometre

4 Does the applicant reside near/not near a high-risk/crime-rated area? If the applicant resides near a crime-rated area submit motivation

5 Does the applicant reside or work in a dangerous area or a high-risk area? If yes, submit motivation.

6 Is the applicant a (Indicate with an X)	dedicated hunter		dedicated sports-person		private collector		public collector	
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6.1 How many firearms does the applicant possess?

L. RECOMMENDATION REGARDING THE APPLICATION (Applicable to all types of applications)

Recommended		Not recommended	
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1.1 Motivation regarding the application

1.2

Report regarding the physical inspection of the applicant's safeguarding facilities	

2
Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date						-			-		
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4
Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place	
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6
Signature of Designated Firearms Officer/Station Commissioner

7

								-	
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Persal number of Designated Firearms Officer/Station Commissioner