



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A COMPETENCY CERTIFICATE

[Section 9 of Firearms Control 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									

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

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D. TYPE OF COMPETENCY CERTIFICATE (Indicate with X)

1	A	To trade in firearms	
2	B	To manufacture firearms	
3	C	To conduct business as a gunsmith	
4	D	To possess a firearm (Indicate with X)	
		Handgun	Rifle
			Shotgun

E. PARTICULARS OF APPLICANT

1 TYPE OF CITIZENSHIP (Indicate with X)

1.1	SA citizen		* Non-SA citizen with permanent residence										
1.2	Identity number of applicant												
1.3	Surname								1.4	Initials			
1.5	Full names												
1.6	Age		1.7	Gender	Male		Female		(Indicate with X)				
1.8	Date of birth												
1.9	Residential address												
											1.10	Code	
1.11	Postal address												
											1.12	Code	
1.13	Type of residence (eg shack, flat, caravan, cottage or house)												
1.14	Trade of profession					1.15 If self-employed, specify							
1.16	Name of employer/company												
1.17	Business address												
											1.18	Code	
1.19	Telephone number		1.20	Home	()	1.21	Work	()					
1.22	Cell phone number				1.23	Fax	()						
1.24	E-mail address												

2 Marital status (Indicate with X)

2.1	Single		Married		Divorced		Widow		Widower	
	Other (specify)									

3 PARTICULARS OF SPOUSE/PARTNER (If applicable)

3.1 Type of identification (Indicate with X)

3.1.1	SA identity		Passport							
3.1.2	Identity number of spouse/partner									
3.1.3	Passport number of spouse/partner									

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

F. APPLICATION FOR A COMPETENCY CERTIFICATE TO TRADE IN FIREARMS AND/OR AMMUNITION, OR TO MANUFACTURE FIREARMS AND/OR AMMUNITION, OR TO CONDUCT BUSINESS AS A GUNSMITH
(ONLY APPLICABLE IN THE CASE OF FIREARM DEALERS/MANUFACTURERS/GUNSMITHS)

1 Have you successfully completed the prescribed test on the knowledge of this Act? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Have you successfully completed the prescribed training and practical test applicable to firearm dealers, manufacturers or gunsmiths? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3 In the case of dealers, manufacturers or gunsmiths, submit details of relevant qualifications/experience

G. APPLICATION FOR A COMPETENCY CERTIFICATE TO POSSESS A FIREARM
(ONLY APPLICABLE TO NATURAL PERSONS)

1 Have you successfully completed the prescribed test on the knowledge of this Act? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Have you successfully completed the prescribed training and practical tests regarding the safe and efficient handling of a firearm? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3 In which firearm(s) did you receive prescribed training? (Indicate with X)

Pistol	<input type="checkbox"/>	Revolver	<input type="checkbox"/>	Rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>
Other (specify)	<input type="text"/>						

H. OTHER INFORMATION

1 ARE YOU IN POSSESSION OF A TRAINING CERTIFICATE ISSUED BY AN ACCREDITED TRAINING INSTITUTION? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Name of accredited training institution

3 Serial number on training certificate issued

4 Date issued

5 HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE(S), WHETHER COMMITTED IN OR OUTSIDE SOUTH AFRICA? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
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5.1 Police station

5.2 CAS/Case number

5.3 Offence

5.4 Result

5.5 Police station

5.6 CAS/Case number

5.7 Offence

5.8 Result

5.9 Police station

5.10 CAS/Case number

5.11 Offence

5.12 Result

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6 ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
6.1	Police station		6.2	CAS/Case number
6.3	Offence			
6.4	Police station		6.5	CAS/Case number
6.6	Offence			
6.7	Police station		6.8	CAS/Case number
6.9	Offence			

7 HAVE YOU PREVIOUSLY LOST ANY FIREARM(S) IN YOUR POSSESSION, OR HAVE ANY OF YOUR FIREARM(S) EVER BEEN STOLEN? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
7.1	Police station		7.2	CAS/Case number
7.3	Circumstances			
7.7	Firearm particulars			
7.5	Police station		7.6	CAS/Case number
7.7	Circumstances			
7.8	Firearm particulars			
7.9	Police station		7.10	CAS/Case number
7.11	Circumstances			
7.12	Firearm particulars			

8 WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED WITH REGARD TO THE STOLEN/LOST FIREARM? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
8.1	Police station		8.2	CAS/Case number
8.3	Charge			

9 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
9.1	Police station		9.2	CAS/Case number
9.3	Charge			
9.4	Date			

10 HAVE ANY FIREARM(S) IN YOUR POSSESSION EVER BEEN FORFEITED? (Indicate with X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
10.1	Police station		10.2	CAS/Case number
10.3	Circumstances			

11 IF YOU ARE UNDER THE AGE OF 21, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED

11.1 *Compelling reasons (Indicate with X)

Conduct a business	<input type="checkbox"/>	Gainfully employed	<input type="checkbox"/>	Dedicated hunter	<input type="checkbox"/>	Dedicated sports person	<input type="checkbox"/>	Private collector	<input type="checkbox"/>
Public collector	<input type="checkbox"/>	Other	<input type="checkbox"/>						
11.2	Submit full details								

* Submit proof of that indicated in par 8.1

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12 **CERTIFICATE BY PERSON WHO IS IN LAWFUL 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

If I make any false statement on this form I shall be guilty of an offence in terms of Section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000)

12.1 Name and surname of current owner/authorized person

12.2 Identification number of current owner/authorized person

12.3 Designation

12.4 Date: C C Y Y - M M - D D

12.5 Signature of current owner/authorized person

12.6 Place

I. **SIGNATURE OF APPLICANT** (Sign only where applicable)

PHOTO

1
3

Signature

4 Name of applicant in block letters

5 Date: C C Y Y - M M - D D

6 Place

7 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.1 Name of police official in block letters

7.2 Persal number of police official

7.3 Rank of police official

7.4 Signature of police official

8 **PARTICULARS OF WITNESS**

8.1 Name of witness in block letters

8.2 Persal number of witness

8.3 Rank of witness

8.4 Persal number of witness

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J. PARTICULARS OF INTERPRETER
 (This section must only be completed if the applicant cannot read or write, or does not understand this document.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address

6 Postal address

7 Telephone number: Home () Work ()

10 Cell phone number Fax ()

12 E-mail address

13 Translated from (language) to

14 Date C C Y Y - M M - D D

15 Signature of interpreter

16 Place

17 Rank of police official

18 Personal number of police official

K. 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 Date C C Y Y - M M - D D

5 Signature of parent/guardian

6 Place

**L. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER
 INTERVIEW REPORT**

1 INTERVIEW 1

1.1 SA Identity Passport (Indicate with X)

1.2 Identity number of interviewee

1.3 Passport number of interviewee

1.4 Surname Initials

1.6 Full names

1.7 Age Gender Male Female (Indicate with X)

1.9 Address

1.10 Code

1.11 In what manner is this person related to the applicant? (eg neighbour, employer, parents, etc)

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1.12	Comments of the interviewee											
1.13	Date	C	C	Y	Y	-	M	M	-	D	D	1.14 Time
1.15	Comments of police official who conducted the interview											
1.16	In what manner was the interview conducted? (eg in person, by telephone, etc)											
1.17	Date	C	C	Y	Y	-	M	M	-	D	D	1.18 Time
1.19	Name of police official in block letters					1.20 Personal number of police official						
1.21	Rank of police official					1.22 Signature of police official						
2 INTERVIEW 2												
2.1	SA identity	Passport		(Indicate with X)								
2.2	Identify number of interviewee											
2.3	Passport number of interviewee											
2.4	Surname									2.5 Initials		
2.6	Full names											
2.7	Age	2.8 Gender		Male	Female	(Indicate with X)						
2.9	Address											
2.10 Code												
2.11	In what manner is this person related to the applicant? (eg neighbour, employer, parents, etc)											
2.12	Comments of the interviewee											
2.13	Date	C	C	Y	Y	-	M	M	-	D	D	2.14 Time
2.15	Comments of police official after the interview											
2.16	In what manner was the interview conducted? (eg in person, by telephone, etc)											
2.17	Date	C	C	Y	Y	-	M	M	-	D	D	2.18 Time

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2.19
Name of police official in block letters

2.20
Persal number of police official

2.21
Rank of police official

2.22
Signature of police official

3 **INTERVIEW WITH SPOUSE/PARTNER (where applicable)**

3.1 SA identity Passport (Indicate with X)

3.2 Identity number of spouse/partner

3.3 Passport number of spouse/partner

3.4 Surname 3.5 Initials

3.6 Full names

3.7 Age 3.8 Gender Male Female (Indicate with X)

3.9 Address

3.10 Code

3.11 Comments of spouse/partner
.....
.....
.....

3.12 Date 3.13 Time

3.14 Comments of the police official who conducted the interview
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.....

3.15 In what manner was the interview conducted? (eg in person, by telephone, etc)

3.16 Date

3.17
Name of police official in block letters

3.18
Persal number of police official

3.19
Rank of police official

3.20
Signature of police official

4 **OTHER DETAILS (To be completed by the Designated Firearms Officer)**

4.1 Describe the health and physical fitness of the applicant
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4.2 Describe the mental condition of the applicant and indicate whether he/she is inclined to act violently
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4.3 **Is the applicant dependant on any substance which has an intoxicating or mind altering effect? If yes, submit details**

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4.4 **Are there any negative aspects known about the applicant? If yes, submit details**

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4.5 **Does the applicant have a criminal history? If yes, submit details**

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4.6 **Describe the applicant's knowledge of the Firearms Control Act, 2000 (Act No 60 of 2000)**

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5 IF THE APPLICANT IS UNDER THE AGE OF 21, CONFIRM IF COMPELLING REASONS EXIST WHICH REQUIRE THE APPLICANT TO OBTAIN A COMPETENCY CERTIFICATE

5.1 **Compelling reasons (Indicate with X)**

Conduct a business	Gainfully employed	Dedicated hunter	Dedicated sports person	Private collector
Other				

5.2 **Confirmation of compelling reasons**

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M. RECOMMENDATION (To be completed by the Designated Firearms Officer)

1 **RECOMMENDATION WITH REGARD TO THE APPLICATION**

Recommended		No/ recommended	
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1.1 **Motivation**

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INSTRUCTIONS: APPLICATION FOR A LICENCE TO POSSESS A FIREARM

GENERAL INSTRUCTIONS

- An application for a licence to possess a firearm must be completed in indelible black ink.
- Section L of this application form must be completed by the Designated Firearms Officer.
- Section C of this application form must be completed by the Central Firearms Register.
- Sections D, E, F, G and H of this application form must be completed by the applicant.
- Section I of this application must be completed by the interpreter if an interpreter was used.
- Section J of this application form must be completed by the parent or guardian when the applicant is younger than 18 years old.
- Section K of this application form must be completed by a nominee/authorized person if a nominee/authorized person was used.
- A person is guilty of an offence in terms of the Firearms Control Act, 60 of 2000, if he/she furnishes false information on this application form.

SECTION A: FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED

1. Application reference number

The system generated reference number allocated to the application after it was captured must be recorded in paragraph A 1 (for example: C12945).

2. Number of applications

The total number of applications that was handed in at the police station must be recorded in paragraph A 2.

SECTION B: FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED

1. Province

The name of the province where the police station is situated must be recorded in paragraph B 1 (for example: Gauteng).

2. Area

The name of the area where the police station is situated must be recorded in paragraph B 2 (for example: Pretoria).

3. Police station

The name of the police station where the application was received must be recorded in paragraph B 3 (for example: Brooklyn).

4. Component code

The component code of the police station where the application was received must be recorded in paragraph B 4 (for example: 47).

5. Firearm application register reference number

The annual serial number of the firearm applications register allocated to the application must be recorded in paragraph B 5 (for example: 135/2002).

SECTION C: FOR OFFICIAL USE BY CENTRAL FIREARMS REGISTER

1. Outstanding/Additional information required

When the police official requests outstanding or additional information from the police station or the applicant, the required information must be recorded in paragraph C 1.

2. Peral number

The SAPS peral number of the police official must be recorded in paragraph C 2.

3. Date

The date on which the outstanding or additional information are required by the police official must be recorded in paragraph C 3.

4. Signature of police official

The signature of the police official who requested the outstanding or additional information must be recorded in paragraph C 4.

5. Name in block letters

The initials and surname (in block letters) of the police official who requested the outstanding or additional information must be recorded in paragraph C 5.

6. Application for licence approved (Indicate with X)

If the application for a licence to possess is approved, the deciding officer must indicate the approval with "X" in paragraph C 6.

7. Peral number

The SAPS peral number of the deciding officer must be recorded in paragraph C 7.

8. Date

The date on which the application was approved by the deciding officer must be recorded in paragraph C 8.

9. Signature of deciding officer

The signature of the deciding officer who approved the application must be recorded in paragraph C 9.

10. Officer code

The officer code is a code allocated to each deciding officer. The code of the deciding officer who approved the application must be recorded in paragraph C 10.

11. Name in block letters

The initials and surname (in block letters) of the deciding officer who approved the application must be recorded in paragraph C 11.

12. Application for a licence refused (Indicate with X)

If the application for a licence to possess is refused, the deciding officer must indicate the refusal with "X" in paragraph C 12.

13. Reason for refusal

When an application was refused, the deciding officer must record the reason(s) for refusal in paragraph C 13.

14. Peral number

The SAPS peral number of the deciding officer must be recorded in paragraph C 14.

15. Date

The date on which the application was refused by the deciding officer must be recorded in paragraph C 15.

16. Signature of deciding officer

The signature of the deciding officer who refused the application must be recorded in paragraph C 16.

17. Officer code

The officer code is a code allocated to each deciding officer. The code of the deciding officer who refused the application must be recorded in paragraph C 17.

18. Name in block letters

The initials and surname (in block letters) of the deciding officer who refused the application must be recorded in paragraph C 18.

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

1. Main firearm licence holder

The main firearm licence holder must be indicated with "X" in paragraph D 1.

2. Additional firearm licence holder

The additional firearms licence must be indicated with "X" in paragraph D 2.

3. The required type of application must be indicated with "X" in paragraph D 3.

For example:

13	Licence to possess a firearm for self-defence	Five years	X
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SECTION E: DESCRIPTION OF FIREARM (Indicate with X)

TYPE OF FIREARM

1. The required type of firearm must be indicated with "X" in paragraph E 1.

For example:

Rifle	X
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PARTICULARS OF FIREARM (Indicate with X)

1.1 The required action must be indicated with "X" in paragraph E 1.1.

For example:

Manual	X
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1.2 The number of rounds before reloading

The number of rounds before reloading must be recorded in paragraph E 1.2.

1.3 Every name and address engraved in the metal

Every name and address engraved in the metal of the firearm must be recorded in paragraph E 1.3.

1.4 Calibre

The calibre of the firearm must be recorded in paragraph E 1.4.

1.5 Calibre code

The calibre code of the firearm must be recorded in paragraph E 1.5.

1.6 Make

The make of the firearm must be recorded in paragraph E 1.6.

1.7 Model

The model of the firearm must be recorded in paragraph E 1.7.

1.8 Barrel serial number

The barrel serial number must be recorded in paragraph E 1.8.

1.9 Make

The make of the barrel serial number must be recorded in paragraph E 1.9.

1.10 Frame serial number

The frame serial number must be recorded in paragraph E 1.10.

1.11 Make

The make of the frame serial number must be recorded in paragraph E 1.11.

1.12 Receiver serial number

The receiver serial number must be recorded in paragraph E 1.12.

1.13 Make

The make of the receiver serial number must be recorded in paragraph E 1.13.

SECTION F: PARTICULARS OF CURRENT OWNER

1. TYPE OF OWNER (Indicate with X)

1.2 The required type of owner must be indicated with "X" in paragraph F 2.

For example:

A	Private owner	X
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1.3 NATURAL PERSON'S DETAILS

1.4 TYPE A (Private owner)

1.5 Surname

The surname of the private owner must be recorded in paragraph F 1.5.

1.6 Initials

The initials of the private owner must be recorded in paragraph F 1.6.

1.7 Full names

The full names of the private owner must be recorded in paragraph F 1.7.

1.8 Identity number of private owner

The identity number of the private owner must be recorded in paragraph F 1.8.

1.9 Residential address

The physical address where the private owner resides, must be recorded in paragraph F 1.9.

1.10 Code

The postal code of the residential address of the private owner must be recorded in paragraph F 1.10.

1.11 Postal address

The postal address of the private owner must be recorded in paragraph F 1.11.

1.12 Code

The postal code of postal address of the private owner must be recorded in paragraph F 1.12.

1.13 Telephone number

1.14 Home: The home telephone number and the dialling code of the private owner must be recorded in paragraph F 1.14 (for example (012) 667 1923).

1.15 Work: The work telephone number and the dialling code of the private owner must be recorded in paragraph F 1.15 (for example: (011) 57 7913).

1.16 Cell phone number

The cell phone number (if applicable) of the private owner must be recorded in paragraph F 1.16.

1.17 Fax

The fax number and area dialling code of the private owner must be recorded in paragraph F 1.17.

- 1.18 E-mail address**
The e-mail address (if applicable) of the private owner must be recorded in paragraph F 1.18.
- 1.19** Any additional firearm licence holders of this firearm must be indicated with "X" in paragraph F 1.19.
- 2. JURISTIC PERSONS DETAILS**
- 2.1 TYPE B (Firearm dealers)**
- 2.2 Register company name**
The register company name of the firearm dealer must be recorded in paragraph F 2.2.
- 2.3 Trading as name**
The trading as name of the firearms dealer must be recorded in paragraph F 2.3.
- 2.4 FAR number**
The FAR number of the firearm dealer must be recorded in paragraph F 2.4.
- 2.5 Postal address**
The postal address of the firearm dealer must be recorded in paragraph F 2.5.
- 2.6 Code**
The postal code of the postal address of the firearm dealer must be recorded in paragraph F 2.6.
- 2.7 Business address**
The physical address where the firearm dealer conduct business from, must be recorded in paragraph F 2.7.
- 2.8 Code**
The postal code of the business address of the firearm dealer must be recorded in paragraph F 2.8.
- 2.9 Business telephone number**
- 2.10 Work:** The work telephone number and the dialling code of the firearm dealer must be recorded in paragraph F 2.10 (for example: (011) 57 7913).
- 2.11 Fax**
The fax number and the dialling code of the firearm dealer must be recorded in paragraph F 2.11 (for example: (012) 667 1923).
- 2.12 E-mail address**
The e-mail address (if applicable) of the firearm dealer must be recorded in paragraph F 1.12.
- 2.13 Responsible person (Name and surname)**
The name and surname of the responsible person must be recorded in paragraph F 2.13.
- 2.14 Type of identification (Indicate with X)
SA citizen/Non SA citizen with permanent residence**
The type of citizenship must be indicated with "X" in paragraph F 2.14.
- 2.15 Identity number of responsible person**
The identity number of the responsible person must be recorded in paragraph F 2.15.
- 2.16 Cell phone number**
The cell phone number (if applicable) of the responsible person must be recorded in paragraph F 2.16.
- 2.17 Physical address**
The physical address where the responsible person resides, must be recorded in paragraph F 2.17.
- 2.18 Code**
The postal code of the physical address of the responsible person must be recorded in paragraph F 2.18.
- 2.19 Postal address**
The postal address of the responsible person must be recorded in paragraph F 2.19.
- 2.20 Code**
The postal code of the postal address of the responsible person must be recorded in paragraph F 2.20.
- 2.21 SAP 350 (A) DETAILS
Firearm received from**
- 2.22 Name**
The name of the person or dealer who sold the firearm to the dealer must be recorded in paragraph F 2.22.
- 2.23 Identification number or FAR number**
The identification number or FAR number of the person or dealer who sold the firearm to the dealer must be recorded in paragraph F 2.23.
- 2.24 Address**
The physical address of the person or dealer who sold the firearm to the dealer must be recorded in paragraph F 2.24.
- 2.25 Postal code**
The postal code of the physical address of the person or dealer who sold the firearm to the dealer must be recorded in paragraph F 2.25.
- 2.26 Date received**
The date on which the firearm was received must be recorded in paragraph F 2.26.
- 3. TYPE C (Companies)**
- 3.1 Register company name**
The register company name must be recorded in paragraph F 3.1.
- 3.2 Trading as name**
The trading as name of the company must be recorded in paragraph F 3.2.
- 3.3 Dealer FAR number**
The dealer FAR number of the company must be recorded in paragraph F 3.3.
- 3.4 Postal address**
The postal address of the company must be recorded in paragraph F 3.4.
- 3.5 Code**
The postal code of the postal address of the company must be recorded in paragraph F 3.5.
- 3.6 Business address**
The physical address of the company must be recorded in paragraph F 3.6.
- 3.7 Code**
The postal code of the physical address of the company must be recorded in paragraph F 3.7.

- 3.8 Business telephone number**
3.9 Work: The work telephone number and the dialling code of the company must be recorded in paragraph F 3.9 (for example: (011) 57 7913).
3.10 Fax
 The fax number and the dialling code of the company must be recorded in paragraph F 3.10 (for example: (012) 667 1923).
3.11 E-mail address
 The e-mail address of the company must be recorded in paragraph F 3.11.
3.12 Responsible person (Name and surname)
 The name and surname of the responsible person of the company must be recorded in paragraph F 3.12.
**3.13 Type of identification (Indicate with X)
 SA citizen/Non SA citizen with permanent residence**
 The type of citizenship must be indicated with "X" in paragraph F 3.13.
3.14 Identity number of responsible person
 The identity number of the responsible person of the company must be recorded in paragraph F 3.14.
3.15 Cell phone number
 The cell phone number (if applicable) of the responsible person of the company must be recorded in paragraph F 3.15.
3.16 Physical address
 The physical address where the responsible person of the company resides, must be recorded in paragraph F 3.16.
3.17 Code
 The postal code of the physical address of the responsible person of the company must be recorded in paragraph F 3.17.
3.18 Postal address
 The postal address of the responsible person of the company must be recorded in paragraph F 3.18.
3.19 Code
 The postal code of the postal address of the responsible person of the company must be recorded in paragraph F 3.19.
- 4. TYPE D (Imported firearms)**
4.1 Import permit number
 The import permit number of the imported firearm(s) must be recorded in paragraph F 4.1.
4.2 Date of issue
 The date of issue of the imported firearm(s) must be recorded in paragraph F 4.2.
4.3 Expiry date
 The expiry date of the imported firearm(s) must be recorded in paragraph F 4.3.
- 5. TYPE E (Estate)**
5.1 Type of estate (Indicate with X)
5.2 The required type of estate must be indicated with "X" in paragraph E 5.2.
 For example:

Executorship	X
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- 5.3 Surname**
 The surname of the person handling the estate must be recorded in paragraph F 5.3.
5.4 Initials
 The initials of the person handling the estate must be recorded in paragraph F 5.4.
5.5 Full names
 Full names of the person handling the estate must be recorded in paragraph F 5.5.
5.6 Identity number of estate
 The identity number of the person handling the estate must be recorded in paragraph F 5.6.
5.7 Name and surname of executor, administrator, curator, trustee or liquidator
 The name and surname of executor, administrator, curator, trustee or liquidator must be recorded in paragraph F 5.7.
**5.8 Type of identification (Indicate with X)
 SA citizen/Non SA citizen with permanent residence**
 The type of citizenship must be indicated with "X" in paragraph F 5.8.
5.9 Identity number of executor, administrator, curator, trustee or liquidator
 The identity number of executor, administrator, curator, trustee or liquidator must be recorded in paragraph F 5.9.
5.10 Telephone number
5.11 Home: The home telephone number and the dialling code of the person handling the estate must be recorded in paragraph F 5.11 (for example: (012) 667 1923)
5.12 Work: The work telephone number and the dialling code of the person handling the estate must be recorded in paragraph F 5.12 (for example: (011) 57 7913).
5.13 Cell phone number
 The cell phone number (if applicable) of the person handling the estate must be recorded in paragraph F 5.13.
5.14 Fax
 The fax number and area dialling code of the person handling the estate must be recorded in paragraph F 5.14.
5.15 Physical address
 The physical address where the person handling the estate resides, must be recorded in paragraph F 5.15.
5.16 Code
 The postal code of the physical address of the person handling the estate must be recorded in paragraph F 5.16.
5.17 Postal address
 The postal address of the person handling the estate must be recorded in paragraph F 5.17.
5.18 Code
 The postal code of the postal address of the person handling the estate must be recorded in paragraph F 5.18.
5.19 Physical address where firearm is kept
 The physical address where firearm is kept must be recorded in paragraph F 5.19.

- 5.20 Code
The post code of the physical address where the firearm is kept must be recorded in paragraph F 5.20.
- 6. **CERTIFICATE BY PERSON WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)**
- 6.1 Name and surname of current owner/authorized person
The name and surname of current owner/authorized person who is in lawful possession of the firearm(s) must be recorded in paragraph F 6.1.
- 6.2 Identification number of current owner/authorized person
The identification number of current owner/authorized person who is in lawful possession of the firearm(s) must be recorded in paragraph F 6.2.
- 6.3 Designation
The title of the person handling the estate must be recorded in paragraph F 6.3.
- 6.4 Date
The date on which the person certified the lawful possession of the firearm(s) must be recorded in paragraph F 6.4.
- 6.5 Signature of current owner/authorized person
The signature of current owner/authorized person who is in lawful possession of the firearm(s) must be recorded in paragraph F 6.5.
- 6.6 Place
The city/town of signature must be recorded in paragraph F 6.6.

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

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

The required existing competency certificate details must be indicated with "X" in paragraph G 1.1, 1.2, 1.3 and 1.4.

For example:

A	Competency certificate to trade in firearms.	X
---	--	---
- 1.5 Competency certificate number
The existing competency certificate number must be recorded in paragraph G 1.5.
- 1.6 Date of issue
The date of issue of the existing competency certificate must be recorded in paragraph G 1.6.
- 1.7 Expiry date
The expiry date of the existing competency certificate must be recorded in paragraph G 1.7.
- 2. **PARTICULARS OF EXISTING FIREARMS IN YOUR POSSESSION WHICH YOU HAVE A LICENCE, PERMIT OR AUTHORIZATION**
- 2.1 The required type, calibre, make, barrel no, frame receiver no, and licence, permit or authorization number must be recorded in paragraph G 2.1.
- 3. **NATURAL PERSON'S DETAILS**
- 3.1 PRIVATE PERSON
- 3.2 Type of identification (Indicate with X)

- 3.3 SA citizen/Non SA citizen with permanent residence
The type of citizenship must be indicated with "X" in paragraph G 3.3.
- 3.4 Identity number
The identity number of the applicant must be recorded in paragraph G 3.4.
- 3.5 Surname
The surname of the applicant must be recorded in paragraph G 3.5.
- 3.6 Initials
The initials of the applicant must be recorded in paragraph G 3.6.
- 3.7 Full names
The full names of the applicant must be recorded in paragraph G 3.7.
- 3.8 Date of birth
The date of birth of the applicant must be recorded in paragraph G 3.8.
- 3.9 Age
The age of the applicant must be recorded in paragraph G 3.9.
- 3.10 Gender
The gender of the applicant must be indicate with "X" in paragraph G 3.10.
- 3.11 Residential address
The physical address where the applicant resides, must be recorded in paragraph G 3.11.
- 3.12 Code
The postal code of the residential address of the applicant must be recorded in paragraph G 3.12.
- 3.13 Postal address
The postal address of the applicant must be recorded in paragraph G 3.13.
- 3.14 Code
The postal code of the postal address of the applicant must be recorded in paragraph G 3.14.
- 3.15 Type of residence (eg shack, flat, caravan, cottage or house)
The type of residence of the applicant must be recorded in paragraph G 3.15.
- 3.16 Trade or profession
The applicant's trade or profession must be recorded in paragraph G 3.16 (for example: motor mechanic).
- 3.17 If self employed, specify
If the applicant is self employed, it must be recorded in paragraph G 3.17 (for example: hair dresser - work from home).
- 3.18 Name of employer/company
The name of the applicant's employer or company must be recorded in paragraph G 3.18 (for example: The Auto Shop).
- 3.19 Business address
The business address of the applicant's employer must be recorded in paragraph G 3.19 (for example: 123 West street, Sandton).

- 3.20 Code**
The postal code of the applicant's business address must be recorded in paragraph G 3.20.
- 3.21 Telephone number**
- 3.22 Home:** The home telephone number and the dialling code of the applicant must be recorded in paragraph G 3.22 (for example: (012) 667 1923).
- 3.23 Work:** The work telephone number and the dialling code of the applicant must be recorded in paragraph G 3.23 (for example: (011) 57 7913).
- 3.24 Cell phone number**
The cell phone number (if applicable) of the applicant must be recorded in paragraph G 3.24.
- 3.25 Fax**
The fax number and area dialling code of the applicant must be recorded in paragraph G 3.25.
- 3.26 E-mail address**
The e-mail address (if applicable) of the applicant must be recorded in paragraph G 3.26.
- 4. MARITAL STATUS (Indicate with X)**
- 4.1** The required marital status must be indicated with "X" in paragraph G 4.1.
For example:

Single	X
--------	---
- 4.2 PARTICULARS OF SPOUSE/PARTNER**
- 4.3 Type of identification (Indicate with X)**
- 4.4 SA identity/Passport**
The type of identification must be indicated with "X" in paragraph G 4.4.
- 4.5 Identity number of spouse/partner**
The identity number of spouse/partner of the applicant must be recorded in paragraph G 4.5.
- 4.6 Passport number of spouse/partner**
The passport number (if applicable) of the spouse/partner of the applicant must be recorded in paragraph G 4.6.
- 4.7 Name and surname**
The name and surname of the spouse/partner of the applicant must be recorded in paragraph G 4.7.
- 5. JURISTIC PERSON'S DETAILS**
- 5.1 OTHER BODIES (eg body corporate, close corporation or company)**
- 5.2 Register company name**
The register company name of the juristic person must be recorded in paragraph G 5.2.
- 5.3 Trading as name**
The trading as name of the juristic person must be recorded in paragraph G 5.3.
- 5.4 FAR number**
The FAR number of the juristic person must be recorded in paragraph G 5.4.
- 5.5 Postal address**
The postal address of the juristic person must be recorded in paragraph G 5.5.
- 5.6 Code**
The postal code of the postal address of the juristic person must be recorded in paragraph G 5.6.
- 5.7 Business address**
The physical address of the juristic person must be recorded in paragraph G 5.7.
- 5.8 Code**
The postal code of the business address of the juristic person must be recorded in paragraph G 5.8.
- 5.9 Business telephone number**
- 5.10 Work:** The work telephone number and the dialling code of the juristic person must be recorded in paragraph G 5.10 (for example: (011) 57 7913).
- 5.11 Fax**
The fax number and the dialling code of the juristic person must be recorded in paragraph G 5.11 (for example: (012) 667 1923).
- 5.12 E-mail address**
The e-mail address (if applicable) of the juristic person must be recorded in paragraph G 5.12.
- 5.13 Number of firearms already registered to the business**
The number of firearms already registered to the business must be recorded in paragraph G 5.13.
- 5.14 Number of persons by the business to handle firearms**
The number of persons by the business to handle firearms must be recorded in paragraph G 5.14.
- 5.15 Responsible person (Name and surname)**
The name and surname of the responsible person must be recorded in paragraph G 5.15.
- 5.16 Type of identification (Indicate with X)
SA citizen/Non SA citizen with permanent residence**
The type of citizenship must be indicated with "X" in paragraph G 5.16.
- 5.17 Identity number responsible person**
The identity number of the responsible person must be recorded in paragraph G 5.17.
- 5.18 Cell phone number**
The cell phone number (if applicable) of the responsible person must be recorded in paragraph G 5.18.
- 5.19 Physical address**
The physical address where the responsible person resides, must be recorded in paragraph G 5.19.
- 5.20 Code**
The postal code of the physical address of the responsible person must be recorded in paragraph G 5.20.
- 5.21 Postal address**
The postal address of the responsible person must be recorded in paragraph G 5.21.

- 5.22 Code**
The postal code of the postal address of the responsible person must be recorded in paragraph G 5.22.
- 6. OTHER DETAILS (Only applicable for dedicated hunters, dedicated sports-person or collectors)**
- 6.1** The required answer must be indicate with "X" in paragraph G 6.1. If the answer is yes, the following information must be submitted:
- 6.2** The name of accredited association must be recorded in paragraph G 6.2.
- 6.3** The FAR number of accredited association must be recorded in paragraph G 6.3.
- 6.4 Membership number**
The membership number of the accredited association must be recorded in paragraph G 6.4.
- 6.5 Date joined**
The date joined of the accredited association must be recorded in paragraph G 6.5.
- 6.6 Expiry date**
The expiry date of the membership of the accredited association must be recorded in paragraph G 6.6.
- 6.7** The motivation of purpose for which the firearm is required must be recorded in paragraph G 6.7.
- 6.8** The required answer must be indicated with "X" in paragraph G 6.8. If the answer is yes, the following information must be submitted:
- 6.8.1 Police station**
The name of the police station where case was registered must be recorded in paragraph G 6.8.1 (for example: Sunnyside).
- 6.8.2 CAS/Case number**
CAS/Case number of the investigation/offence must be recorded in paragraph G 6.8.2 (for example: 179/10/2002).
- 6.8.3 Charge**
The description of the investigation/offence must be recorded in paragraph G 6.8.3 (for example: Assault).
- 6.8.4 Result**
The result of the investigation/offence must be recorded in paragraph G 6.8.4 (for example: R200 or 12 months imprisonment).
- 6.8.5 Police station**
The name of the police station where case was registered must be recorded in paragraph G 6.8.5 (for example: Sunnyside).
- 6.8.6 CAS/Case number**
CAS/Case number of the investigation/offence must be recorded in paragraph G 6.8.6 (for example: 179/10/2002).
- 6.8.7 Charge**
The description of the investigation/offence must be recorded in paragraph G 6.8.7 (for example: Assault).
- 6.8.8 Result**
The result of the investigation/offence must be recorded in paragraph G 6.8.8 (for example: R200 or 12 months imprisonment).
- 6.9** The required answer must be indicated with "X" in paragraph G 6.9. If the answer is yes, the following information must be submitted:
- 6.9.1 Police station**
The name of the police station where the firearm(s) was reported lost/stolen must be recorded in paragraph G 6.9.1 (for example: Sunnyside).
- 6.9.2 CAS/Case number**
CAS/Case number of the firearm(s) that was reported lost/stolen must be recorded in paragraph G 6.9.2 (for example: 179/10/2002).
- 6.9.3 Police station**
The name of the police station where the firearm(s) was reported lost/stolen must be recorded in paragraph G 6.9.3 (for example: Sunnyside).
- 6.9.4 CAS/Case number**
CAS/Case number of the firearm(s) that was reported lost/stolen must be recorded in paragraph G 6.9.4 (for example: 179/10/2002).
- 6.10** The required answer must be indicated with "X" in paragraph G 6.10. If the answer is yes, the following information must be submitted:
- 6.10.1 Police station**
The name of the police station where the case was registered must be recorded in paragraph G 6.10.1 (for example: Sunnyside).
- 6.10.2 CAS/Case number**
CAS/Case number of the investigation/offence must be recorded in paragraph G 6.10.2 (for example: 179/10/2002).
- 6.10.3 Charge**
The description of the investigation/offence must be recorded in paragraph G 6.10.3 (for example: Robbery).
- 6.10.4 Police station**
The name of the police station where the case was registered must be recorded in paragraph G 6.10.4 (for example: Sunnyside).
- 6.10.5 CAS/Case number**
CAS/Case number of the investigation/offence must be recorded in paragraph G 6.10.5 (for example: 179/10/2002).
- 6.10.6 Charge**
The description of the investigation/offence must be recorded in paragraph G 6.10.6 (for example: Robbery).
- 6.11** The answer must be indicated with "X" in paragraph G 6.11. If the answer is yes, the following information must be submitted:
- 6.11.1 Police station**
The name of the police station where the case was registered must be recorded in paragraph G 6.11.1 (for example: Sunnyside).
- 6.11.2 CAS/Case number**
CAS/Case number of the investigation/offence must be recorded in paragraph G 6.11.2 (for example: 179/10/2002).
- 6.11.3 Charge**
The description of the investigation/offence must be recorded in paragraph G 6.11.3 (for example: Robbery).

6.11.4 Date as from

The date on which the investigation/offence was opened must be recorded in paragraph G 6.11.4.

6.11.5 Period

The period of the investigation/offence must be recorded in paragraph G 6.11.5.

6.11.6 Police station

The name of the police station where the case was registered must be recorded in paragraph G 6.11.6 (for example: Sunnyside).

6.11.7 CAS/Case number

CAS/Case number of the investigation/offence must be recorded in paragraph G 6.11.7 (for example: 179/10/2002).

6.11.8 Charge

The description of the investigation/offence must be recorded in paragraph G 6.11.8 (for example: Robbery).

6.11.9 Date as from

The date on which the investigation/offence was opened must be recorded in paragraph G 6.11.9.

6.11.10 Period

The period of the investigation/offence must be recorded in paragraph G 6.11.10.

6.12 The required answer must be indicated with "X" in paragraph G 6.9. If the answer is yes, the following information must be submitted:

6.12.1 Police station

The name of the police station where the case is pending must be recorded in paragraph G 6.12.1 (for example: Sunnyside).

6.12.2 CAS/Case number

CAS/Case number of pending case(s) must be recorded in paragraph G 6.12.2 (for example: 179/10/2002).

6.12.3 Charge

The description of the offence regarding pending case(s) must be recorded in paragraph G 6.12.3 (for example: Assault).

6.12.4 Police station

The name of the police station where the case is pending must be recorded in paragraph G 6.12.4 (for example: Sunnyside).

6.12.5 CAS/Case number

CAS/Case number of pending case(s) must be recorded in paragraph G 6.12.5 (for example: 179/10/2002).

6.12.6 Charge

The description of the offence regarding pending case(s) must be recorded in paragraph G 6.12.6 (for example: Assault).

6.13 The required answer must be indicated with "X" in paragraph G 6.11. If the answer is yes, the following information must be submitted:

6.13.1 Police station

The name of the police station where firearm(s) was forfeited must be recorded in paragraph G 6.13.1 (for example: Sunnyside).

6.13.2 Circumstances

Circumstances of the case(s) must be recorded in paragraph G 6.13.2 (for example: Found without an owner).

6.13.3 Police station

The name of the police station where firearm(s) was forfeited must be recorded in paragraph G 6.13.3 (for example: Sunnyside).

6.13.4 Circumstances

Circumstances of the case(s) must be recorded in paragraph G 6.13.4 (for example: Found without an owner).

6.14. The required answer must be indicated with "X" in paragraph G 6.14. If the answer is yes, the following information must be submitted:

6.14.1 A short description of the type of safe must be recorded in paragraph G 6.14.1.

6.15 The required answer must be indicated with "X" in paragraph G 6.15.

6.16 The required answer must be indicated with "X" in paragraph G 6.16. If the answer is yes, the following information must be submitted:

6.16.1 A short description must be recorded in paragraph G 6.16.1.

7. CERTIFICATE BY APPLICANT WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)**7.1 Name and surname of applicant**

The name and surname of the applicant who is in lawful possession of the firearm must be recorded in paragraph G 7.1.

7.2 Identification number of applicant

The identification number of applicant who is in lawful possession of the firearm must be recorded in paragraph G 7.2.

7.3 Date

The date on which the applicant certify the lawful possession of the firearm(s) must be recorded in paragraph G 7.3.

7.4 Signature of applicant

The signature of the applicant must be recorded in paragraph G 7.4.

7.5 Place

The city/town must be recorded in paragraph G 7.5.

SECTION H: SIGNATURE OF APPLICANT

(Sign only where applicable)

1. Signature

The signature of applicant must be recorded in paragraph H 1.

2. Photo

A photo of the applicant must be recorded in paragraph H 2.

3. Fingerprint

The thumb print of the applicant must be recorded in paragraph H 3.

4. Name of applicant in block letters

The initials and surname (in block letters) of the applicant who applied for the application must be recorded in paragraph H 4.

5. Date

The date on which the applicant signed the application must be recorded in paragraph H 5.

6. Place

The city/town where the applicant applied for the application must be recorded in paragraph H 6.

7. PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**7.1 Name of police official in block letters**

The initials and surname (in block letters) of the police official who deal with the application must be recorded in paragraph H 7.1.

7.2 Persal number of police official

The SAPS persal number of police official who deal with application must be recorded in paragraph H 7.2.

7.3 Rank of police official in block letters

The rank of police official (in block letters) who deal with applicant must be recorded in paragraph H 7.3.

7.4 Signature of police official

The signature of police official who deal with the application must be recorded in paragraph H 7.4.

8. PARTICULARS OF WITNESS**8.1 Name of witness in block letters**

The initials and surname (in block letters) of the witnessing police official must be recorded in paragraph H 8.1.

8.2 Persal number of witness

The SAPS persal number of the witnessing police official must be recorded in paragraph H 8.2.

8.3 Rank of witness

The rank of the witnessing police official must be recorded in paragraph H 8.3.

8.4 Signature of witness

The signature of the witnessing police official must be recorded in paragraph H 8.4.

SECTION I: PARTICULARS OF INTERPRETER

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

1. Name and surname of interpreter

The name and surname of the person who interpret the content of the application form to the applicant must be recorded in paragraph I 1.

2. Identity/Passport number of interpreter

The identity/passport number of the interpreter must be recorded in paragraph I 2.

3. Residential address

The physical address of the interpreter must be recorded in paragraph I 3.

4. Code

The postal code of the residential address of the interpreter must be recorded in paragraph I 4.

5. Postal address

The postal address of the interpreter must be recorded in paragraph I 5.

6. Code

The postal code of the postal address of the interpreter must be recorded in paragraph I 6.

7. Telephone number

8. Home: The home telephone number and the dialling code of the interpreter must be recorded in paragraph I 8 (for example: (012) 667 1923).

9. Work: The work telephone number and the dialling code of the interpreter must be recorded in paragraph I 9 (for example: (011) 57 7913).

10. Cell phone number

The cell phone number (if applicable) of the interpreter must be recorded in paragraph I 10.

11. Fax

The fax number and area dialling code of the interpreter must be recorded in paragraph I 11.

12. E-mail address

The e-mail address (if applicable) of the interpreter must be recorded in paragraph I 12.

13. Translated from (language)

The translated from language to a language understandable to the applicant must be recorded in paragraph I 13 (for example: English to Zulu).

14. Date

The date on which the interpreter supported the applicant must be recorded in paragraph I 14.

15. Signature of interpreter

The signature of the interpreter who supported the applicant must be recorded in paragraph I 15.

16. Place

The city/town where the interpreter supported the applicant must be recorded in paragraph I 16.

17. Rank of police official in block letters

If the interpreter is a police official, the rank of police official who supported the applicant that cannot read or write, or understand the content of this form must be recorded in paragraph I 17.

18. Persal number of police official

If the interpreter is a police official the SAPS persal number of the police official who supported the applicant that cannot read or write, or understand the content of this form must be recorded in paragraph I 18.

SECTION J: PARENTAL CONSENT IN CASE OF A MINOR

1. The required answer must be indicate with "X" in paragraph J 1.

For example:

Recommended	X	Not recommended
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2. Name and surname of parent/guardian

The name and surname of the applicant's parent/guardian to give permission that the applicant may apply must be recorded in paragraph J 2.

3. Identity/Passport number of parent/guardian

The identity/passport number of the applicant's parent/guardian to give permission that the applicant may apply must be recorded in paragraph J 3.

4. Date

The date on which permission was given must be recorded in paragraph J 4.

5. Signature of parent/guardian

The signature of the parent/guardian must be recorded in paragraph J 5.

6. Place

The city/town where permission was given must be recorded in paragraph J 6.

SECTION K: IN CASE OF NOMINEE/AUTHORIZED PERSON

1. Name and surname of nominee/authorized person

The name and surname of the nominee/authorized person must be recorded in paragraph K 1.

2. Identity/Passport number of nominee/authorized person

The identity/passport number of the nominee/authorized person must be recorded in paragraph K 2.

3. Date

The date on which the nominee/authorized person sign must be recorded in paragraph K 3.

4. Signature of nominee/authorized person

The signature of the nominee/authorized person must be recorded in paragraph K 5.

5. Place

The city/town must be recorded in paragraph K 6.

SECTION L: FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1. REPORT OF DESIGNATED FIREARMS OFFICIAL IN THE CASE OF A RESTRICTED FIREARM FOR SELF-DEFENCE

2. Place where the applicant is residing must be indicated with "X" in paragraph L 2.

For example:

urban area	X
------------	---

3. IF THE APPLICANT IS RESIDING IN A RURAL AREA/ON A FARM OR SMALLHOLDING, STATE THE FOLLOWING

3.1 The distance to the nearest neighbours must be recorded in paragraph L 3.1.

3.2 The distance to the nearest police station must be recorded in paragraph L 3.2.

4. If the applicant reside near a high-risk/crime-rated area, motivation must be recorded in paragraph L 4.

5. If the applicant work in a dangerous area or high-risk area, motivation must be recorded in paragraph L 5.

6. The required answer must be indicated with "X" in paragraph L 6.

For example:

dedicated hunter	X
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6.1 The number of firearm(s) in possession of the applicant must be recorded in paragraph L 6.1.

7. RECOMMENDATION WITH REGARD TO THE APPLICATION

The required recommendation must be indicate with "X" in paragraph L 7.

For example:

Recommended	X	Not recommended	
-------------	---	-----------------	--

7.1 Motivation regarding the application

Motivation regarding the application must be recorded paragraph L 7.1.

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

The report regarding the physical inspection of the applicant's safeguarding facilities must be recorded in paragraph L 7.2.

8. Name of Designated Firearms Officer in block letters

The initials and surname (in block letters) of the Designated Firearms Officer that made recommendation must be recorded in paragraph L 8.

9. Date

The date on which the Designated Firearm Officer made the recommendation must be recorded in paragraph L 9.

10. Rank of Designated Firearms Officer in block letters

The rank of the Designated Firearms Officer (in block letters) that made the recommendation must be recorded in paragraph L 10.

11. Place

The city/town where the Designated Firearms Officer made the recommendation must be recorded in paragraph L 11.

12. Signature of Designated Firearms Officer

The signature of the Designated Firearms Officer that made the recommendation must be recorded in paragraph L 12.

13. Persal number of the Designated Firearms Officer

The SAPS persal number of the Designated Firearms Officer that made the recommendation must be recorded in paragraph L 13.