

INSTRUCTIONS: APPLICATION FOR A TEMPORARY AUTHORIZATION 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).

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. Persal number

The SAPS persal 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 temporary authorization approved (Indicate with X)

If the application for temporary authorization is approved, the deciding officer must indicate the approval with "X" in paragraph C 6.

7. Persal number

The SAPS persal 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 temporary authorization 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. Persal number

The SAPS persal 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: DESCRIPTION OF FIREARM (Indicate with X)

1. The required description of firearm must be indicated with "X" in paragraph D 1.

For example:

Rifle	X
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2. **PARTICULARS OF FIREARM** (Indicate with X)
3. The required action must be indicated with "X" in paragraph D 3.

For example:

Manual	X
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4. **Calibre**
The calibre of the firearm must be recorded in paragraph D 4.
5. **Make**
The make of the firearm must be recorded in paragraph D 5.
6. **Model**
The model of the firearm must be recorded in paragraph D 6.
7. **Barrel serial number**
The barrel serial number must be recorded in paragraph D 7.
8. **Make**
The make of the barrel serial number must be recorded in paragraph D 8.
9. **Frame serial number**
The frame serial number must be recorded in paragraph D 9.
10. **Make**
The make of the frame serial number must be recorded in paragraph D 10.
11. **Receiver serial number**
The receiver serial number must be recorded in paragraph D 11.
12. **Make**
The make of the receiver serial number must be recorded in paragraph D 12.
13. **Every name and address engraved in the metal**
Every name and address engraved in the metal of the firearm must be recorded in paragraph D 13.

SECTION E: PARTICULARS OF PERSON IN POSSESSION OF FIREARM

- 1.1 **Surname**
The surname of the person in possession of the firearm must be recorded in paragraph E 1.1.
- 1.2 **Initials**
The initials of the person in possession of the firearm must be recorded in paragraph E 1.2.
- 1.3 **Full names**
The full names of the person in possession of the firearm must be recorded in paragraph E 1.3.
- 1.4 **Identity number of person in possession of firearm**
The identity number of the person in possession of the firearm must be recorded in paragraph E 1.4.

1.5 Passport number of person in possession of firearm

The passport number of the person in possession of the firearm must be recorded in paragraph E 1.5.

1.6 Residential address

The physical address where the person in possession of the firearm resides, must be recorded in paragraph E 1.6.

1.7 Code

The postal code of the residential address of the person in possession of the firearm must be recorded in paragraph E 1.7.

1.8 Postal address

The postal address of the person in possession of the firearm must be recorded in paragraph E 1.8.

1.9 Code

The postal code of postal address of the person in possession of the firearm must be recorded in paragraph E 1.9.

1.10 Telephone number

1.11 **Home:** The home telephone number and the dialling code of the person in possession of the firearm must be recorded in paragraph E 1.11 (for example (012) 667-1923).

1.12 **Work:** The work telephone number and the dialling code of the person in possession of the firearm must be recorded in paragraph E 1.12 (for example: (011) 57 7913).

1.13 Cell phone number

The cell phone number (if applicable) of the person in possession of the firearm must be recorded in paragraph E 1.13.

1.14 Fax

The fax number and area dialling code of the person in possession of the firearm must be recorded in paragraph E 1.14.

1.15 E-mail address

The e-mail address (if applicable) of the person in possession of the firearm must be recorded in paragraph E 1.15.

2. OTHER BODIES

(eg body of corporate, closed corporation or company)

2.1 Register company name

The register company name of the body or corporate, closed corporation or company must be recorded in paragraph E 2.1.

2.2 Trading as name

The trading as name of the body or corporate, closed corporation or company must be recorded in paragraph E 2.2.

2.3 Company registration number

The company registration number must be recorded in paragraph E 2.3.

2.4 FAR number

The FAR number of the body or corporate, closed corporation or company must be recorded in paragraph E 2.4.

2.5 Postal address

The postal address of the body or corporate, closed corporation or company must be recorded in paragraph E 2.5.

2.6 Code

The postal code of the postal address of the body or corporate, closed corporation or company must be recorded in paragraph E 2.6.

2.7 Business address

The physical address where the body or corporate, closed corporation or company conduct business from, must be recorded in paragraph E 2.7.

2.8 Code

The postal code of the business address of the body or corporate, closed corporation or company must be recorded in paragraph E 2.8.

2.9 Business telephone number

2.10 Work: The work telephone number and the dialling code of the body or corporate, closed corporation or company must be recorded in paragraph E 2.10 (for example: (011) 57 7913).

2.11 Fax

The fax number and the dialling code of the body or corporate, closed corporation or company must be recorded in paragraph E 2.11 (for example: (012) 667 1923).

2.12 E-mail address

The e-mail address (if applicable) of the body or corporate, closed corporation or company must be recorded in paragraph E 2.12.

2.13 Responsible person (Name and surname)

The name and surname of the responsible person must be recorded in paragraph E 2.13.

**2.14 Type of identification (Indicate with X)
SA identity/Passport number**

The type of citizenship must be indicated with "X" in paragraph E 2.14.

2.15 Identity number of responsible person

The identity number of the responsible person must be recorded in paragraph E 2.15.

2.16 Passport number of responsible person

The passport number of the responsible person must be recorded in paragraph E 2.16.

2.17 Cell phone number

The cell phone number (if applicable) of the responsible person must be recorded in paragraph E 2.17.

2.18 Physical address

The physical address where the responsible person resides, must be recorded in paragraph E 2.18.

2.19 Code

The postal code of the physical address of the responsible person must be recorded in paragraph E 2.19.

2.20 Postal address

The postal address of the responsible person must be recorded in paragraph E 2.20.

2.21 Code

The postal code of the postal address of the responsible person must be recorded in paragraph E 2.21.

3. SIGNATURE OF PERSON CURRENTLY IN POSSESSION**3.1 Name of person currently in possession in block letters**

The initials and surname (in block letters) of the person currently in possession must be recorded in paragraph E 3.2.

3.2 Date

The date must be recorded in paragraph E 3.2.

3.3 Signature of person currently in possession

The signature of the person currently in possession must be recorded in paragraph E 3.3.

3.4 Place

The place must be recorded in paragraph E 3.4.

SECTION F: PARTICULARS OF APPLICANT**1. NATURAL PERSON'S DETAILS****1.1 Type of identification (Indicate with X)****1.2 SA identity/Passport number**

The type of identification must be indicated with "X" in paragraph F 1.2.

1.3 Identity number of natural person

The identity number of the natural person must be recorded in paragraph F 1.3.

1.4 Passport number of natural person

The passport number of the natural person must be recorded in paragraph F 1.4.

1.5 Surname

The surname of the natural person must be recorded in paragraph F 1.5.

1.6 Initials

The initials of the natural person must be recorded in paragraph F 1.6.

1.7 Full names

The full names of the natural person must be recorded in paragraph F 1.7.

1.8 Date of birth

The date of birth of the natural person must be recorded in paragraph F 1.8.

1.9 Age

The age of the natural person must be recorded in paragraph F 1.9.

1.10 Gender

The gender of the natural person must be indicate with "X" in paragraph F 1.10.

1.11 Residential address

The physical address where the natural person resides, must be recorded in paragraph F 1.11.

1.12 Code

The postal code of the residential address of the natural person must be recorded in paragraph F 1.12.

1.13 Postal address

The postal address of the natural person must be recorded in paragraph F 1.13.

1.14 Code

The postal code of the postal address of the natural person be recorded in paragraph F 1.14.

1.15 Type of residence (eg shack, flat, caravan, cottage or house)

The type of residence of the natural person must be recorded in paragraph F 1.15.

- 1.16 Trade or profession**
The natural person's trade or profession must be recorded in paragraph F 1.16 (for example: motor mechanic).
- 1.17 If self employed, specify**
If the natural person is self employed, it must be recorded in paragraph F 1.17 (for example: hair dresser - work form home).
- 1.18 Name of employer/company**
The name of the natural person's employer or company must be recorded in paragraph F 1.18 (for example: The Auto Shop).
- 1.19 Business address**
The business address of the natural person's employer must be recorded in paragraph F 1.19 (for example: 123 West street, Sandton).
- 1.20 Code**
The postal code of the natural person's business address must be recorded in paragraph F 1.20.
- 1.21 Telephone number**
- 1.22 Home:** The home telephone number and the dialling code of the natural person must be recorded in paragraph F 1.22 (for example: (012) 667 1923).
- 1.23 Work:** The work telephone number and the dialling code of the natural person must be recorded in paragraph F 1.23 (for example: (011) 57 7913).
- 1.24 Cell phone number**
The cell phone number (if applicable) of the natural person must be recorded in paragraph F 1.24.
- 1.25 Fax**
The fax number and area dialling code of the natural person must be recorded in paragraph F 1.25.
- 1.26 E-mail address**
The e-mail address (if applicable) of the natural person must be recorded in paragraph F 1.26.
- 2. JURISTIC PERSON'S DETAILS**
- 2.1 Register company name**
The register company name of the juristic person must be recorded in paragraph F 2.1.
- 2.2 Trading as name**
The trading as name of the juristic person must be recorded in paragraph F 2.2.
- 2.3 FAR number**
The FAR number of the juristic person must be recorded in paragraph F 2.3.
- 2.4 Postal address**
The postal address of the juristic person must be recorded in paragraph F 2.4.
- 2.5 Code**
The postal code of the postal address of the juristic person must be recorded in paragraph F 2.5.
- 2.6 Business address**
The physical address of the juristic person must be recorded in paragraph F 2.6.
- 2.7 Code**
The postal code of the business address of the juristic person must be recorded in paragraph F 2.7.
- 2.8 Business telephone number**
- 2.9 Work:** The work telephone number and the dialling code of the juristic person must be recorded in paragraph F 2.9 (for example: (011) 57 7913).
- 2.10 Fax**
The fax number and the dialling code of the juristic person must be recorded in paragraph F 2.10 (for example: (012) 667 1923).
- 2.11 E-mail address**
The e-mail address (if applicable) of the juristic person must be recorded in paragraph F 2.11.
- 2.12 Responsible person (Name and surname)**
The name and surname of the responsible person must be recorded in paragraph F 2.12.
- 2.13 Type of identification. (Indicate with X)
SA identity/Passport number**
The type of identification must be indicated with "X" in paragraph F 2.13.
- 2.14 Identity number of responsible person**
The identity number of the responsible person must be recorded in paragraph F 2.14.
- 2.15 Passport number of responsible person**
The passport 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.
- SECTION G: OTHER DETAILS**
- 1. Period for which authorization is required**
The period for which the authorization is required must be recorded in paragraph G 1.
- 1.1** The motivation of purpose for which the firearm is required must be recorded in paragraph G 1.1.
- 1.2** The required answer must be indicated with "X" in paragraph G 1.2. If the answer is yes, the following information must be submitted:
- 1.2.1 Police station**
The name of the police station where case was registered must be recorded in paragraph G 1.2.1 (for example: Sunnyside).

- 1.2.2 CAS/Case number**
CAS/Case number of the investigation/offence must be recorded in paragraph G 1.2.2 (for example: 179/10/2002).
- 1.2.3 Charge**
The description of the investigation/offence must be recorded in paragraph G 1.2.3 (for example: Assault).
- 1.2.4 Result**
The result of the investigation/offence must be recorded in paragraph G 1.2.4 (for example: R200 or 12 months imprisonment).
- 1.3** The required answer must be indicated with "X" in paragraph G 1.3. If the answer is yes, the following information must be submitted:
- 1.3.1 Police station**
The name of the police station where the case is pending must be recorded in paragraph G 1.3.1 (for example: Sunnyside).
- 1.3.2 CAS/Case number**
CAS/Case number of pending case(s) must be recorded in paragraph G 1.3.2 (for example: 179/10/2002).
- 1.3.3 Circumstances**
The description of the offence regarding pending case(s) must be recorded in paragraph G 1.3.3 (for example: Assault).
- 1.4** The required answer must be indicate with "X" in paragraph G 1.4. If the anser is yes, the following information must be submitted:
- 1.4.1 Police station**
The name of the police station where the case was registered must be recorded in paragraph G 1.4.1 (for example: Sunnyside).
- 1.4.2 CAS/Case number**
CAS/Case number of the investigation/offence must be recorded in paragraph G 1.4.2 (for example: 179/10/2002).
- 1.4.3 Result**
The description of the investigation/offence must be recorded in paragraph G 1.4.3 (for example: Declared unfit for period of 5 years).
- 1.4.4 Date**
The date of unfitness must be recorded in paragraph G 1.4.4.
- 1.5** The required answer must be indicated with "X" in paragraph G 1.3. If the answer is yes, the following information must be submitted:
- 1.5.1 Police station**
The name of the police station where the firearm(s) was reported lost/stolen must be recorded in paragraph G 1.5.1 (for example: Sunnyside).
- 1.5.2 CAS/Case number**
CAS/Case number of the firearm(s) that was reported lost/stolen must be recorded in paragraph G 1.5.2 (for example: 179/10/2002).
- 1.5.3 Result**
The result of the investigation/offence must be recorded in paragraph G 1.5.3 (for example: R200 or 12 months imprisonment).
- 1.6** The required answer must be indicated with "X" in paragraph G 1.6. If the answer is yes, the following information must be submitted:
- A short description of the type of safe must be recorded in paragraph G 1.6.
- 1.7** A short description of previous experience in the handling of firearms or previous training in firearms must be recorded in paragraph G 1.7.
- 2. CERTIFICATE BY PERSON WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)**
- 2.1 Name and surname of current owner/authorized person**
The name and surname of the person who is in lawful possession of the firearm must be recorded in paragraph G 2.1.
- 2.2 Identification number of current owner/authorized person**
The identification number of the person who is in lawful possession of the firearm must be recorded in paragraph G 2.2.
- 2.3 Designation**
The title of the person handling the estate must be recorded in paragraph G 2.3.
- 2.4 Date**
The date on which the person certify the lawful possession of the firearm(s) must be recorded in paragraph G 2.4.
- 2.5 Signature of applicant**
The signature of the person who is in lawful possession of the firearms must be recorded in paragraph G 2.5.
- 2.6 Place**
The city/town must be recorded in paragraph G 2.6.
- 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 Peral number of police official**
The SAPS peral 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
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. **RECOMMENDATION WITH REGARD TO THE APPLICANT**
(Indicate with X)
- 2. The following recommendation must be indicated with "X" in paragraph L 2.

For example:

Recommended	X	Not recommended	
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- 2.1 **Motivation**
The motivation regarding the application must be recorded in paragraph L 2.1.
- 2.2 **Recommended conditions**
The recommended conditions regarding the application must be recorded in paragraph L 2.2.
- 3. **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 3.
- 4. **Date**
The date on which the Designated Firearms Officer made the recommendation must be recorded in paragraph L 4.
- 5. **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 5.
- 6. **Place**
The city/town where the Designated Firearms Officer made the recommendation must be recorded in paragraph L 6.
- 7. **Signature of Designated Firearms Officer**
The signature of the Designated Firearms Officer that made the recommendation must be recorded in paragraph L 7.
- 8. **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 8.

SAPS 179



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO POSSESS A FIREARM

[Section 21 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 POLICE STATION WHERE 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 temporary authorization 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 temporary authorization 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												

D. DESCRIPTION OF FIREARM (Indicate with X)

1	Rifle	Shotgun	Handgun	Combination
	Other, specify (armament/indeterminable design type)			

PARTICULARS OF FIREARM (Indicate with X)

3	Action	Semi-automatic	Automatic	Manual
		Other action (specify)		
4	Calibre			
5	Make			
6	Model			
Firearm component type:				
7	Barrel serial number		⁸ Make	
9	Frame serial number		¹⁰ Make	
11	Receiver serial number		¹² Make	
13	Every name and address engraved in the metal			

E. PARTICULARS OF PERSON IN POSSESSION OF FIREARM

1.1	Surname		^{1.2} Initials	
1.3	Full names			
1.4	Identity number of person in possession of firearm			
1.5	Passport number of person in possession of firearm			
1.6	Residential address			
			^{1.7} Code	
1.8	Postal address			
			^{1.9} Code	
1.10	Telephone number	^{1.11} Home ()	^{1.12} Work ()	
1.13	Cell phone number		^{1.14} Fax ()	
1.15	E-Mail address			

OTHER BODIES (eg body of corporate, closed corporation or company)

2.1	Registered company name			
2.2	Trading as name			
2.3	Company registration number			
2.4	FAR number			
2.5	Postal address			
			^{2.6} Code	
2.7	Business address			
			^{2.8} Code	
2.9	Business telephone number	^{2.10} Work ()	^{2.11} Fax ()	
2.12	E-mail address			

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2.13	Responsible person (full name and surname)												
2.14	Type of identification (Indicate with X)				SA identity				Passport number				
2.15	Identity number of responsible person												
2.16	Passport number of responsible person												
2.17	Cell phone number												
2.18	Physical address												
											2.19	Code	
2.20	Postal address												
											2.21	Code	

3 SIGNATURE OF PERSON CURRENTLY IN POSSESSION

3.1	Name of person currently in possession in block letters											
3.2	Date	C	D	/	Y	-	M	M	-	D	D	
3.3	Signature of person currently in possession											
3.4	Place											

F. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1	Type of identification (Indicate with X)														
1.2	SA identity				Passport										
1.3	Identity number of natural person														
1.4	Passport number of natural person														
1.5	Surname										1.5 Initials				
1.7	Full names														
1.8	Date of birth	C	D	/	Y	-	M	M	-	D	D	1.9 Age	1.10 Gender	Male	Female
1.11	Residential address														
											1.12	Code			
1.13	Postal address														
											1.14	Code			
1.15	Type of residence (eg shack, flat, caravan, cottage, house, etc)														
1.16	Trade of profession								1.17 If self-employed, specify						
1.18	Name of employer/company														
1.19	Business address														
											1.20	Code			
1.21	Telephone number				1.22 Home ()				1.23 Work ()						
1.24	Cell phone number								1.25 Fax ()						
1.26	E-mail address														

2 JURISTIC PERSON'S DETAILS

2.1	Registered company name											
2.2	Trading as name											
2.3	FAR number											

SAPS 179

2.4	Postal address											2.5 Code				
2.6	Business address											2.7 Code				
2.8	Business telephone number	2.9 Work	()	2.10 Fax	()											
2.11	E-mail address															
2.12	Responsible person (full name and surname)															
2.13	Type of identification (Indicate with X)	SA identity				Passport number										
2.14	Identity number of responsible person															
2.15	Passport number of responsible person															
2.16	Cell phone number															
2.17	Physical address											2.18 Code				
2.19	Postal address											2.20 Code				

G. OTHER DETAILS

1 Period for which authorization is required FROM Date C C Y Y - M M - D D TO Date C C Y Y - M M - D D

1.1 Motivation of purpose for which the firearm is required

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

YES		NO		If yes, submit full details
-----	--	----	--	-----------------------------

1.2.1 Police station

1.2.2 CAS/Case number

1.2.3 Charge

1.2.4 Result

1.3 IS THERE ANY CRIMINAL CASE(S) OUTSTANDING AGAINST YOU OF WHICH THE RESULT IS NOT YET KNOWN? (Indicate with X)

YES		NO		If yes, submit full details
-----	--	----	--	-----------------------------

1.3.1 Police station

1.3.2 CAS/Case number

1.3.3 Circumstances

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

YES		NO		If yes, submit full details
-----	--	----	--	-----------------------------

1.4.1 Police station

1.4.2 CAS/Case number

1.4.3 Result

1.4.4 Date

1.5 HAVE YOU PREVIOUSLY LOST ANY FIREARM(S) OR HAVE ANY FIREARM(S) PREVIOUSLY BEEN STOLEN FROM YOU? (Indicate with X)

YES		NO		If yes, submit full details
-----	--	----	--	-----------------------------

1.5.1 Police station

1.5.2 CAS/Case number

1.5.3 Result

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1.6 ARE YOU IN POSSESSION OF THE PRESCRIBED SAFE? (Indicate with X)

YES	NO	If yes, submit full details (Indicate with X, with short description)
1.6.1 Type of safe	Handgun	Rifle
1.6.2 Strongroom		
1.6.3 Device		

1.7 State proof of previous experience in the handling of firearms or previous training in firearms

.....

.....

.....

2 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)

2.1 Name and surname of current owner/authorized person

2.2 Identification number of current owner/authorized person

2.3 Designation

2.4 Date C C Y - M M - D D

2.5 Signature of current owner/authorized person

2.6 Place

H. SIGNATURE OF APPLICANT (Sign only where applicable)

1	Signature	2	PHOTO
			3

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
Signature of witness

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

1	Name and surname of interpreter														
2	Identity/Passport number of interpreter														
3	Residential address										4	Code			
5	Postal address										6	Code			
7	Telephone number	8 Home	()	9 Work	()										
10	Cell phone number		11 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 officer

18
Persal number of police official

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 Date C C Y Y - M M - D D

5
Signature of parent/guardian

6
Place

SAPS 179

K. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date C C Y Y - M M - D D

4 Signature of nominee/authorized person

5 Place

L. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1 RECOMMENDATION WITH REGARD TO THE APPLICATION (Indicate with X)

2 Recommended Not recommended

2.1 Motivation

2.2 Recommended conditions

3 Name of Designated Firearms Officer in block letters

4 Date C C Y Y - M M - D D

5 Rank of Designated Firearms Officer

6 Place

7 Signature of Designated Firearms Officer

8 Persal number of Designated Firearms Officer



SOUTH AFRICAN POLICE SERVICE

SURRENDERING OF FIREARM ITEM(S) FORM

[Section 139(4) 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 General firearm transactions register number										

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED										
1 Province										
2 Area										
3 Police station										
4 Component code										
5 SAPS 13 reference number										
6 Transaction reference number										

C. PARTICULARS OF SURRENDERING PERSON

1 NATURAL PERSON'S DETAILS

1.1 SA Identity	Passport										
1.2 Identity number of natural person											
1.3 Passport number of natural person											
1.4 Surname									1.5 Initials		
1.6 Residential address										1.7 Code	
1.8 Postal address										1.9 Code	
1.10 Telephone number	1.11 Home	()	1.12 Work	()							
1.13 Cell phone number				1.14 Fax	()						
1.15 E-mail address											

2 JURISTIC PERSON'S DETAILS

2.1 OTHER BODIES

2.2 Registered company name										
2.3 Trading as name										
2.4 FAR number										

SAPS Firearm surrendering form

2.5	Postal address				
		2.6 Code			
2.7	Business address				
		2.8 Code			
2.9	Business telephone number	2.10 Work ()		2.11 Fax ()	
2.12	E-mail address				

RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full name and surname)				
3.2	Type of identification (indicate with X)	SA identity	Passport number		
3.3	Identity number of responsible person				
3.4	Passport number of responsible person				
3.5	Cell phone number				
3.6	Physical address				
		3.7 Code			
3.8	Postal address				
		3.9 Code			

4 If the firearm item is not surrendered by the holder of the licence, permit, certificate or authorization, describe the relationship of the surrendering person with the holder of the licence, permit, certificate or authorization.

.....

.....

.....

TYPE OF SURRENDER (indicate with X)

Surrendering of a firearm of the licence, permit, certificate or authorization	Surrendering of firearm item
--	------------------------------

7 Date on which the firearm of the licence, permit, certificate or authorization/item is handed over to the SAPS

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

8 Reason for surrendering of firearm of the licence, permit, certificate or authorization/firearm item

.....

.....

D. PARTICULARS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION THAT IS TO BE SURRENDER

	(1)	(2)	(3)	(4)
1 Type of licence				
2 Licence number				
3 Date issued				
4 Expiry date				

E. PARTICULARS OF FIREARM ITEM THAT IS TO BE SURRENDER
PARTICULARS OF FIREARM

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				
Firearm component type:				
5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

PARTICULARS OF PARTS

	(1)	(2)	(3)	(4)
9 Description of part				
10 Associated firearm make				
11 Associated firearm model				

PARTICULARS OF AMMUNITION

	(1)	(2)	(3)	(4)
13 Calibre				
14 Quantity				

F. SIGNATURE OF PERSON SURRENDERING (Sign only where applicable)

1	<input type="text"/>	2	Date	C	C	Y	Y	-	M	M	-	D	D
	Name of person surrendering in block letters												
3	<input type="text"/>	4	Place	<input type="text"/>									
	Signature of person surrendering												

G. (This section must only be completed if the surrendering person cannot read or write)

1	R T P Right thumb print of person surrendering	2	Date	C	C	Y	Y	-	M	M	-	D	D
		3	<input type="text"/>										
			Name of person surrendering in block letters										
		4	Place	<input type="text"/>									

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1	<input type="text"/>	5.2	<input type="text"/>
	Name of police official in block letters		Personal number of police official
5.3	<input type="text"/>	5.4	<input type="text"/>
	Rank of police official		Signature of police official

SAPS Firearm surrendering form

6 **PARTICULARS OF WITNESS**

6.1
Name of witness in block letters

6.2
Persal number of witness

6.3
Rank of witness

6.4
Signature of witness

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

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address ⁴ Code:

5 Postal address ⁶ Code:

7 Telephone number ⁸ Home () ⁹ Work ()

10 Cell phone number ¹¹ Fax ()

12 E-mail address

13 Translated from (language) to

14 Date C C V V - M M - D D

15
Signature of interpreter

16 Place

17
Rank of police official

18
Persal number of police official

I. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

4 Date C C Y Y - M M - D D

5
Signature of nominee/authorized person

6 Place

J. FOR OFFICIAL USE BY THE POLICE STATION
PARTICULARS OF POLICE OFFICIAL WHO RECEIVED THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION/FIREARM ITEM(S)

1
Name of police official in block letters

2 Date C C Y Y - M M - D D

3
Rank of police official

4 Place

5
Signature of police official

6
Persal number of police official

SAPS Application for accreditation association



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN ASSOCIATION

[Section 8 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 POLICE STATION WHERE 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 Date									
4 Signature of police official					8 Name in block letters				
4 Application for accreditation approved (Indicate with X)									
7 Persal number C C Y Y - M M - D D Date									
9 Signature of deciding officer			10 Officer code		11 Name in block letters				
12 Application for accreditation refused (Indicate with X)									
13 Reason for refusal									
14 Persal number C C Y Y - M M - D D Date									
16 Signature of deciding officer			17 Officer code		18 Name in block letters				

SAPS Application for accreditation association

D. TYPE OF ACCREDITATION (Indicate with X)

1	As a sports-shooting and hunting association	
2	As a sports-shooting	
3	As a hunting association	
4	As a collector association	
5	Other (submit description of association)	

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2	SA citizen	<input type="checkbox"/>	*Non-SA citizen with permanent residence	<input type="checkbox"/>													
1.3	Identity number of natural person																
1.4	Surname			1.5 Initials													
1.5	Full names																
1.7	Date of birth	C	C	Y	Y	-	M	M	-	D	D	1.8 Age		1.9 Gender	Male	Female	
1.10	Residential address																
1.11	Code																
1.12	Postal address																
1.13	Code																
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	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

3 PARTICULARS OF SPOUSE/PARTNER (Where applicable)

3.1 Type of identification (Indicate with X)

3.2	SA identity	<input type="checkbox"/>	Passport	<input type="checkbox"/>												
3.3	Identity number of spouse/partner															
3.4	Passport number of spouse/partner															
3.5	Name and surname															

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

4 JURISTIC PERSON'S DETAILS

4.1 OTHER BODIES (eg body of corporate, closed corporation or company)

4.2	Registered company name															
4.3	Trading as name															
4.4	FAR number															
4.5	Company registration or CC number															
4.6	Postal address															
												4.7 Code				
4.8	Business address															
												4.9 Code				
4.10	Business telephone number	4.10.1 Work											4.10.2 Fax			
4.11	E-mail address															
4.12	Identity number of responsible person												-			
4.13	Cell phone number															
4.14	Particulars of main address (Head Office)															
4.15	Business address															
												4.16 Code				
4.17	Postal address															
												4.18 Code				
4.19	Business telephone number	4.20 Work	()									4.21 Fax	()	
4.22	E-mail address															

5 RESPONSIBLE PERSON'S DETAILS

5.1	Responsible person (full name and surname)														
5.2	Type of identification (Indicate with X)	SA Identity				Passport number									
5.3	Identity/Passport number of responsible person														
5.4	Cell phone number														
5.5	Physical address														
												5.6 Code			
5.7	Postal address														
												5.8 Code			

6	Type of competency certificate																					
7	Date of issue	C	C	Y	Y	-	M	M	-	D	D	8 Expiry date	C	C	Y	Y	-	M	M	-	D	D

9 OTHER DETAILS

9.1	HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE(S) WHETHER COMMITTED IN OR OUTSIDE SOUTH AFRICA SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED? (Indicate with X)											
	YES		NO		If yes, submit full details							
9.1.1	1 Police station				9.1.2 CAS/Case number							
9.1.3	Charge				9.1.4 Result							
9.1.5	2 Police station				9.1.6 CAS/Case number							
9.1.7	Charge				9.1.8 Result							

SAPS Application for accreditation association

9.2	HAVE YOU LOST ANY FIREARM(S) OR HAVE ANY FIREARM(S) BEEN STOLEN FROM YOU SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED? (Indicate with X)		
	YES	NO	If yes, submit full details
9.2.1	¹ Police station		9.2.2 CAS/Case number
9.2.3	² Police station		9.2.4 CAS/Case number
9.3	WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED WITH REGARD TO THE STOLEN/LOST FIREARM SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED? (Indicate with X)		
	YES	NO	If yes, submit the following details
9.3.1	¹ Police station		9.3.2 CAS/Case number
9.3.3	Charge		
9.3.4	² Police station		9.3.5 CAS/Case number
9.3.6	Charge		
9.4	HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED? (Indicate with X)		
	YES	NO	If yes, submit full details
9.4.1	¹ Police station		9.4.2 CAS/Case number
9.4.3	Charge		
9.4.4	Date as from		9.4.5 Period
9.4.6	² Police station		9.4.7 CAS/Case number
9.4.8	Charge		
9.4.8	Date as from		9.4.9 Period
9.5	IS THERE ANY CASE PENDING AGAINST YOU? (Indicate with X)		
	YES	NO	If yes, submit full details
9.5.1	¹ Police station		9.5.2 CAS/Case number
9.5.3	Charge		
9.5.4	² Police station		9.5.5 CAS/Case number
9.5.6	Charge		
9.6	HAVE ANY FIREARM(S) IN YOUR POSSESSION EVER BEEN FORFEITED SINCE ISSUING OF YOUR COMPETENCY CERTIFICATE? (Indicate with X)		
	YES	NO	If yes, submit the following details
9.6.1	¹ Police station		
9.6.2	Circumstances		
9.6.3	² Police station		
9.6.4	Circumstances		
9.1	MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED		
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			

9.2 DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS

9.3 PARTICULARS OF HOW REGISTERS WILL BE KEPT

9.4 NUMBER OF CURRENT MEMBERS REGISTERED

14 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)

14.1 Name and surname of current owner/authorized person

14.2 Identification number of current owner/authorized person

14.3 Designation

14.4 Date C C Y Y - M M - D D

14.5 Signature of current owner/authorized person

14.6 Place

SAPS Application for accreditation association

F. SIGNATURE OF APPLICANT (Sign only where applicable)

_____ Signature	PHOTO
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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

									-	
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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 _____
Signature of witness

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

1	Name and surname of interpreter														
2	Identity/Passport number of interpreter														
3	Residential address										4	Code			
5	Postal address										5	Code			
7	Telephone number		8	Home ()		9	Work ()								
10	Cell phone number		11	Fax ()											
12	E-mail address														

SAPS Application for accreditation association

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 Persal number of police official

H. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date C C Y Y - M M - D D

4 Signature of nominee/authorized person

5 Place

*** NOTIFICATION OF CHANGE OF ADDRESS ***

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

I. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1 RECOMMENDATION WITH REGARD TO THE APPLICATION

Recommended	Not recommended
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2 Motivation

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3 Recommended conditions

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