

SAPS Appl to manufacturer a new firearm or ammo type

F. PARTICULARS OF PROPOSED FIREARM OR AMMUNITION TYPE TO BE MANUFACTURED

1. PARTICULARS OF PROPOSED FIREARM TYPE

1.1	Type	
1.2	Calibre	
1.3	Make	
1.4	Model	

1.5 **PURPOSE OF DEVELOPMENT**

1.6 **INTENDED MARKET**

1.7 **STATE THE SPECIFICATIONS OF THE NEW FIREARM TYPE**

2. PARTICULARS OF PROPOSED AMMUNITION TYPE

2.1 **Calibre**

2.2 **Purpose of development**

2.3 **intended market**

2.4 **State the specifications of the new ammunition type**

SAPS Appl to manufacturer a new firearm or ammo type

3 **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)

3.1 Name and surname of current owner/authorized person

3.2 Identification number of current owner/authorized person

3.3 Designation

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

3.5 Signature of current owner/authorized person

3.6 Place

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

Signature

PHOTO

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 Personal number of police official

7.3 Rank of police official in block letters

7.4 Signature of police official

8 **PARTICULARS OF WITNESS**

8.1 Name of witness in block letters

8.2 Personal number of witness

8.3 Rank of witness in block letters

8.4 Signature of witness

SAPS Appl to manufacturer a new firearm or ammo type

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	Y	Y	-	M	M	-	D	D
15	Signature of interpreter		16 Place											
17	Rank of police official in block letters		18 Personal number of police official											

I. IN CASE OF NOMINEE/AUTHORIZED PERSON

1	Name 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											

J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

RECOMMENDATION WITH REGARD TO THE APPLICATION	
Recommended	Not recommended
2 Recommendation regarding the application	
.....	
.....	
.....	
.....	
.....	
.....	

SAPS Appl to manufacturer a new firearm or ammo type

3

Conditions recommended

4

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Name of Designated Firearms Officer in block letters

5

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

6

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Rank of Designated Firearms Officer in block letters

7

Place	
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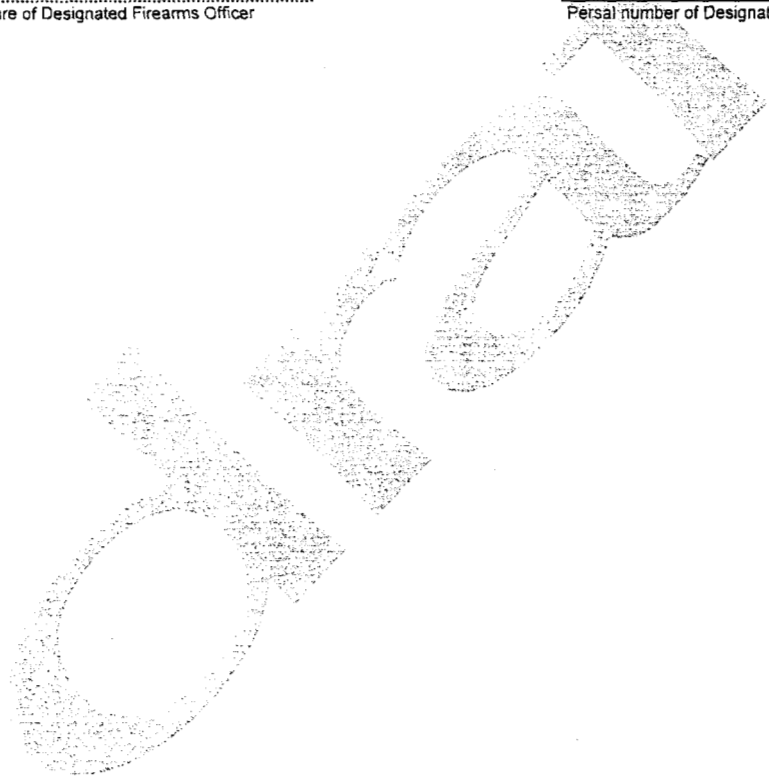
8

.....
Signature of Designated Firearms Officer

9

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Personal number of Designated Firearms Officer



SAPS Application for re-licensing



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR RE-LICENSING OF FIREARM(S)
(Transitional provisions)

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 number	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 licence 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 licence 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. PARTICULARS OF LICENCE HOLDER

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

3 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 OTHER INFORMATION (Indicate with X)

4.1	ARE YOU IN POSSESSION OF THE PRESCRIBED SAFE? (Indicate with X)		
	YES	NO	
4.2	IF YES, SUBMIT FULL DETAILS (Indicate with X, with short description)		
	Safe		

SAPS Application for re-licensing

Strongroom	
Device	

E. PARTICULARS OF CURRENT LICENCE(S), PERMIT(S) OR AUTHORIZATION(S)

1 State the total number of firearms currently licenced in your name

	Type of firearm	Calibre	Serial number	Make	Date issued
2.1					
2.2					
2.3					
2.4					
2.5					
2.6					
2.7					
2.8					
2.9					
2.10					
2.11					
2.12					
2.13					
2.14					
2.15					
2.16					
2.17					
2.18					
2.18					
2.20					
2.21					
2.22					
2.23					
2.24					
2.25					
2.26					
2.27					

3 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)

3.1 Name and surname of current owner/authorized person

3.2 Identification number of current owner/authorized person

3.3 Designation

3.4 Date

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

3.5 Signature of current owner/authorized person

3.6 Place

SAPS Application for re-licensing

F. SIGNATURE OF APPLICANT (Sign only where applicable)

<p>1 _____ Signature</p>	<p>2 PHOTO 3</p>
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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 _____
Persal number of police official

7.3 _____
Rank of police official in block letters

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 in block letters

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											
13	Translated from (language)		to									

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

SAPS Application for re-licensing

15 Signature of police official

16 Place

17 Rank of police official in block letters

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

J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1 RECOMMENDATION WITH REGARD TO THE APPLICATION

2 Recommended Not recommended

Motivation regarding the application

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 in block letters

6 Place

7 Signature of Designated Firearms Officer

8 Persal number of Designated Firearms Officer

SAPS Notification of assignment of new responsible person for juristic person



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR JURISTIC PERSON

[Section 7(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 NOTIFICATION IS CAPTURED												
1	Notification reference no											

B. FOR OFFICIAL USE BY POLICE STATION WHERE NOTIFICATION IS RECEIVED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	General firearm transactions register number											

C. PARTICULARS OF THE LICENCE HOLDER

1 JURISTIC PERSON'S DETAILS

1.1 OTHER BODIES

1.2	Registered company name														
1.3	Trading as name														
1.4	FAR number														
1.5	Company registration or CC number														
1.6	Postal address											1.7 Code			
1.8	Business address											1.9 Code			
1.10	Business telephone number	1.11 Work	()	1.12 Fax	()										
1.13	E-mail address														

2 PARTICULARS OF THE NEW RESPONSIBLE PERSON

2.1	Responsible person (full name and surname)											
2.2	Type of identification (Indicate with X)	SA identity					Passport number					
2.3	Identity number of responsible person						-					
2.4	Passport number of responsible person											

SAPS Notification of assignment of new responsible person for juristic person

2.5	Cell phone number																						
2.6	Physical address																						
		2.7 Code																					
2.8	Postal address																						
		2.9 Code																					
3	Competency certificate number																						
3.1	Date of issue	C	C	Y	Y	-	M	M	-	D	D	3.2	Expiry date	C	C	Y	Y	-	M	M	-	D	D

D. SIGNATURE OF APPLICANT (Sign only where applicable)

1											2	Date	C	C	Y	Y	-	M	M	-	D	D
	Name of applicant in block letters																					
3	Signature of applicant										4	Place										


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)

5.1	Name and surname of current owner/authorized person																					
5.2	Identification number of current owner/authorized person																					
5.3	Designation										5.4	Date	C	C	Y	Y	-	M	M	-	D	D
5.5	Signature of current owner/authorized person										5.6	Place										

E. (This section must only be completed if the applicant cannot read or write)

1											2	Date	C	C	Y	Y	-	M	M	-	D	D
	Right thumb print of applicant																					
											3	Name of person surrendering in block letters										
											4	Place										

PARTICULARS OF POLICE OFFICIAL

5.1	Name of police official in block letters										5.2	Persal number of police official										
5.3	Rank of police official										5.4	Signature of police official										

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										

SAPS Notification of assignment of new responsible person for juristic person

F. 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 police official															
16	Place															
17	Rank of police official															
18	Personal number of police official															

H. PARTICULARS OF DESIGNATED FIREARMS OFFICER

1	Name of Designated Firearms Officer in block letters														
2	Date		C	C	Y	Y	-	M	M	-	D	D			
3	Rank of Designated Firearms Officer														
4	Place														
5	Signature of Designated Firearms Officer														
6	Personal number of Designated Firearms Officer														

SAPS Application for renewals



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 24, 35, 49 and 63 of Firearm 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									
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 number								

C. TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with X)									
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1	Licence to possess a firearm	2.2	Licence to manufacture firearms and ammunition	
1.1	Licence to possess firearm for self-defence	2.3	Licence to conduct business as a gunsmith	
1.2	Licence to possess restricted firearm for self-defence	3	Permits	
1.3	Licence to possess firearm for security officer purposes	3.1	Permit to possess ammunition in a private collection	
1.4	Licence to possess firearm for occasional hunting and sports-shooting	3.2	Permit to possess ammunition in a public collection	
1.5	Licence to possess firearm for dedicated hunting and dedicated sports-shooting	3.3	Import permit	
1.6	Licence to possess firearm in private collection	3.4	Export permit	
1.7	Licence to possess a firearm, in public collection (museums)	3.5	Transporter's permit	
1.8	Licence to possess firearm for business purposes: business in hunting	3.6	In-transit permit	
1.9	Licence to possess firearm for business purposes: other business purposes	3.7	Multiple import and export permit	
1.10	To provide security services for it's own business	4	Authorizations	
2	Licence issued to particular categories of persons	4.1	Temporary authorization to possess a firearm	
2.1	Licence to deal in firearms and ammunition			

Particulars of original licence, permit, certificate or authorization		
Licence, permit, certificate or authorization number	Date issued	Expiry date
5.1		
5.2		
5.3		
5.4		

D. PARTICULARS OF OWNER

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2	SA Identity	Passport number	Non-SA citizen with permanent residence	
1.3	Identity number			
1.4	Passport number			
1.5	Surname		1.6 Initials	
1.7	Full names			
1.8	Residential address			
1.10	Postal address			1.9 Code
1.12	Business telephone number		1.13 Home ()	1.14 Work ()
1.15	Cell phone number		1.16 Fax ()	
1.17	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			
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			

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full names and surname)			
3.2	Type of identification (Indicate with X)	SA identity	Passport number	
3.3	Identity number of responsible person			

SAPS Application for renewals

3.4	Passport number or responsible person														
3.5	Cell phone no (if applicable)														
3.6	Physical address											3.7 Code			
3.8	Postal address											3.9 Code			

4 OTHER INFORMATION (Indicate with X)

4.1 WERE YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF EXISTING LICENCE? IF NO, SUBMIT THE REASON (Indicate with X)

YES		NO		Reason										

4.2 WERE YOUR APPLICATION HANDED IN AFTER DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON (Indicate with X)

YES		NO		Reason										

4.3 WERE YOUR APPLICATION HANDED IN AFTER EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON (Indicate with X)

YES		NO		Reason										

E. SIGNATURE OF APPLICANT (Sign only where applicable)

PHOTO

2

Signature

1

3

4 5
Name of applicant in block letters

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

6 Place

7 DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION

7.1
Name of police official in block letters

7.2
Rank of police official in block letters

7.3 -
Persal number of police official

7.4
Signature of police official

8 DETAILS OF WITNESS

8.1
Name of witness in block letters

8.2
Rank of witness in block letters

8.3 -
Persal number of witness

8.4
Signature of witness

F. 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 number/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 official in block letters

18 -
Persal number of police official

G. 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

SAPS Permit to collect ammunition



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A PERMIT TO COLLECT AMMUNITION

Section 18 and 19 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 number	SAPS 86	NO	YEAR					

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

SAPS Permit to collect ammunition

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2	SA Identity	Passport number	*Non-SA citizen with permanent residence									
1.3	Identity number											
1.4	Passport number											
1.5	Surname										1.6 Initials	
1.7	Full names											
1.8	Residential address											
											1.9 Code	
1.10	Postal address											
											1.11 Code	
1.12	Business telephone number		1.13 Home ()		1.14 Work ()							
1.15	Cell phone number				1.16 Fax ()							
1.17	E-mail address											
1.18	Type of residence (eg shack, flat, caravan, cottage, house etc)											
1.19	Trade of profession		1.20 If self employed, specify									
1.21	Name of employer/company											
1.22	Business address											
											1.23 Code	
1.24	Telephone number		1.25 Home ()		1.26 Work ()							
1.27	Cell phone number				1.28 Fax ()							
1.29	E-mail address											

2 Marital status (Indicate with X)

2.1	Single	Married	Divorced	Widow	Widower
	Other (specify)				

3 DETAILS OF SPOUSE/PARTNER (Where 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											

SAPS Permit to collect ammunition

2 **JURISTIC PERSON'S DETAILS**

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

2.2	Registered company name															
2.3	Trading as name															
2.4	FAR number															
2.5	Postal address															
												2.5 Code				
2.7	Business address															
												2.8 Code				
2.9	Business Telephone number	2.10 Work	()	2.11 Fax	()									
2.12	E-mail address															

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

3 **RESPONSIBLE PERSON'S DETAILS**

3.1	Responsible person (full names 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 no (if applicable)															
3.6	Physical address															
												3.7 Code				
3.8	Postal address															
												3.9 Code				

4 **OTHER PARTICULARS** (Indicate with X)

4.1	Private collector	4.2 Public collector	
4.3	Reason for application to collect ammunition		
4.4	MOTIVATE REASON IF MORE THAN 200 ROUNDS OF AMMUNITION OF ANY PARTICULAR CALIBRE IS REQUIRED		

SAPS Permit to collect ammunition

5 **COMPLETE IN CASE OF A PRIVATE COLLECTOR** (Indicate with X)

5.1	Are you a member of an accredited association? (Indicate with X)	YES	NO	If yes, submit the following details	
5.2	State name of accredited association				
5.3	FAR number of accredited association				
5.4	Membership number	5.5 Date joined		C	C
		Y	Y	-	M
		M	M	-	D
		D	D		
		5.6 Expiry date		C	C
		Y	Y	-	M
		M	M	-	D
		D	D		

6 **COMPLETE IN CASE OF A PUBLIC COLLECTOR** (Indicate with X)

6.1	Are you a member of an accredited association? (Indicate with X)	YES	NO	If yes, submit the following details	
6.2	State name of accredited association				
6.3	FAR number of accredited association				
6.4	Membership number	6.5 Date joined		C	C
		Y	Y	-	M
		M	M	-	D
		D	D		
		6.6 Expiry date		C	C
		Y	Y	-	M
		M	M	-	D
		D	D		

6.7 **WHERE WILL THE AMMUNITION BE DISPLAYED?**

6.8	Name of the accredited museum				
6.9	Accreditation number of the museum	6.10 Date issued		C	C
		Y	Y	-	M
		M	M	-	D
		D	D		

7 **OTHER INFORMATION** (Indicate with X)

7.1 **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)

7.1.1	YES	NO	If yes, submit full details	
7.1.1	1 Police station		7.1.2	CAS/Case number
7.1.3	Charge		7.1.4	Result
7.1.5	2 Police station		7.1.6	CAS/Case number
7.1.7	Charge		7.1.8	Result

7.2 **HAVE YOU LOST ANY FIREARM(S) OR HAVE ANY FIREARM(S) BEEN STOLEN FROM YOU SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED?** (Indicate with X)

7.2.1	YES	NO	If yes, submit full details	
7.2.1	1 Police station		7.2.2	CAS/Case number
7.2.3	2 Police station		7.2.3	CAS/Case number

7.3 **WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED WITH REGARD TO THE STOLEN/LOST FIREARM SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED?** (Indicate with X)

7.3.1	YES	NO	If yes, submit the following details	
7.3.1	1 Police station		7.3.2	CAS/Case number
7.3.3	Charge			
7.3.4	2 Police station		7.3.3	CAS/Case number
7.3.6	Charge			

7.4 **HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED?** (Indicate with X)

7.4.1	YES	NO	If yes, submit full details	
7.4.1	1 Police station		7.4.2	CAS/Case number
7.4.3	Charge			
7.4.4	Date as from		7.4.5	Period
7.4.6	1 Police station		7.4.7	CAS/Case number
7.4.8	Charge			

SAPS Permit to collect ammunition

7.4.9	Date as from			7.4.11	Period		
7.5	IS THERE ANY CASE PENDING AGAINST YOU? (Indicate with X)						
	YES		NO	If yes, submit full details			
7.5.1	¹ Police station				7.5.2	CAS/Case number	
7.5.3	Charge						
7.5.4	² Police station				7.5.5	CAS/Case number	
7.5.6	Charge						
7.6	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			
7.6.1	¹ Police station						
7.6.2	Circumstances						
7.6.3	² Police station						
7.6.4	Circumstances						
7.7	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with X)						
	YES		NO				
7.7.1	IF YES, SUBMIT FULL DETAILS (Indicate with X, with short description)						
7.7.2	Type of safe	Handgun		Rifle			
7.7.3	Strongroom						
7.7.4	Device						
7.8	IS SAFE MOUNTED? (Indicate with X)						
	YES		NO				
7.8.1	IF YES, SUBMIT FULL DETAILS (Indicate with X, with short description)						
7.8.2	Wall		Floor				

8 CERTIFICATE BY APPLICANT WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)

If I make any false statement on this application 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)

8.1	Name and surname of applicant											
8.2	Identification number of applicant											
8.3	Date	C	D	Y	Y	-	M	M	-	D	D	
8.4	Signature of applicant											
8.5	Place											

SAPS Permit to collect ammunition

E. SIGNATURE OF APPLICANT (Sign only where applicable)

<p style="text-align: center;">Signature</p>	<p>PHOTO</p>
--	--------------

4
Name of applicant in block letters

5 Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6 Place

7 DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION

7.1
Name of police official in block letters

7.2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Personal number of police official

7.3
Rank of police official in block letters

7.4
Signature of police official

8 DETAILS OF WITNESS

8.1
Name of witness in block letters

8.2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Personal number of witness

8.3
Rank of witness in block letters

8.4
Signature of witness

SAPS Permit to collect ammunition

F. 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											
13	Translated from (language)						to					
			14 Date									
15	Signature of interpreter											
			16 Place									
17	Rank of police official in block letters											
			18 Persal number of police official									

G. 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									
5	Signature of parent/guardian											
			6 Place									

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									
4	Signature of nominee/authorized person											
			5 Place									

*** NOTIFICATION OF CHANGE OF ADDRESS ***

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

1.1 Recommended Not recommended

Motivation

1.2 Additional conditions

1.3 Name of Designated Firearms Officer in block letters

1.4 Date

1.5 Rank of Designated Firearms Officer in block letters

1.6 Place

1.7 Signature of Designated Firearms Officer

1.8 Persal number of Designated Firearms Officer

SAPS Application for accreditation for official institutions



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN OFFICIAL INSTITUTION

[Section 8 of Firearms Control Act, 2000 (Act No 60 of 2000)]

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER WHEN THE APPLICATION IS CAPTURED									
1 Application reference no									

B. FOR OFFICIAL USE BY THE DECIDING OFFICER AT 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 accreditation 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 accreditation 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				

SAPS Application for accreditation for official institutions

C. GOVERNMENT INSTITUTION'S DETAILS (Indicate with X)

1	Registered company name					
2	Trading as name					
3	FAR number					
4	Postal address					
						8 Code
6	Business address					
						7 Code
8	Contact telephone number	8.1 Work				8.2 Fax
9	E-mail address					

RESPONSIBLE PERSON'S DETAILS

10.1	Responsible person (full name and surname)					
10.2	Type of identification (Indicate with X)	SA identity			Passport number	
10.3	Identity/Passport number of responsible person					
10.4	Cell phone number					
10.5	Physical address					
						10.5 Code
10.7	Postal address					
						10.8 Code

PROOF SIGNATURES OF RESPONSIBLE PERSON

11.1 Signature of responsible person	11.2 Signature of responsible person
---	---

12 Type of competency certificate																					
13 Date of issue	E	E	Y	Y	-	M	M	-	D	D	14 Expiry date	C	C	Y	Y	-	M	M	-	D	D

OTHER DETAILS

16.1
MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED

SAPS Application for accreditation for official institutions

15.2 **PARTICULARS OF HOW REGISTER WILL BE KEPT REGARDING THE ISSUING OF FIREARMS AND THE PROCEDURE ON HOW FIREARMS WILL BE CONTROLLED**

.....

.....

.....

15.3 **PARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFICIAL**

.....

.....

.....

15.4 **DESCRIPTION THE LINKED WORKSTATION THAT WILL BE MAINTAINED**

.....

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.....

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

YES	NO
-----	----

15.6 **IF YES, SUBMIT FULL DETAILS** (Indicate with X, with short description)

15.7 Safe

15.8 Strongroom

15.9 Device

15.10 **DESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS**

.....

.....

.....

16 **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)

16.1 Name and surname of responsible person

16.2 Identification number of responsible person

16.3 Designation

16.4 Date

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

16.5 Signature of responsible person

16.6 Place

SAPS Application for accreditation for official institutions

D. SIGNATURE OF APPLICANT (Sign only where applicable)

1	2	Date	C	C	Y	Y	M	M	D	D
Name of applicant in block letters										
3										
Signature of applicant										
4										
Place										

E. 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											
6	Postal address																					
										4	Code											
7	Telephone number			7.1	Home		()		7.2	Work		()										
8	Cell phone number							8	Fax		()											
10	E-mail address																					
11	Translated from (language)						to															
												12	Date		C	C	Y	Y	M	M	D	D
												14	Place									
13												Signature of interpreter										

SAPS Notice of appeal

1.6	Residential address											1.7 Code				
1.8	Postal address											1.8 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															
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															

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full names 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 no (if applicable)															
3.6	Physical address											3.7 Code				
3.8	Postal address											3.8 Code				

3 REPRESENTATIVE'S DETAILS

3.1	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 representative person															
3.5	Cell phone no (if applicable)															
3.6	Physical address											3.7 Code				
3.8	Postal address											3.8 Code				

SAPS Notice of appeal

3.10 E-mail address

3.11 Signature of representative Date - -

C. TYPE OF NOTICE OF APPEAL (Indicate with X)

1	Refusal of a licence, permit, certificate or authorization	⁵ Reference number(s)	<input type="text"/>
2	An administrative decision	⁶ Licence, permit, certificate or authorization application number(s)	<input type="text"/>
3	Declaration of unfitness	⁷ Licence, permit, certificate or authorization number(s)	<input type="text"/>
4	Cancellation of a licence, permit, certificate or authorization		

5 Grounds for appeal

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D. FIREARM DETAILS
(Complete only if the appeal involved a firearm)

	(1)	(2)	(3)	(4)
1.1 Type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2 Calibre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.3 Make	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.4 Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Firearm component type:			1.6 Make
1.5 Barrel serial number	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.7 Frame serial number	<input type="text"/>	<input type="text"/>	1.8 Make <input type="text"/>
1.9 Receiver serial number	<input type="text"/>	<input type="text"/>	1.10 Make <input type="text"/>

E. DETAILS OF THE CURRENT OWNER OF THE FIREARM

1.1 SA identity Passport

1.2 Identity number

SAPS Notice of appeal

1.3	Passport number										
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										

F. SIGNATURE OF APPLICANT (Sign only where applicable)

1	<input type="text"/>	2	Date	C	C	Y	Y	-	M	M	-	D	D
	Name of applicant in block letters												
3	Signature of applicant												
												
4	Place	<input type="text"/>											
5	DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION												
5.1	<input type="text"/>												
	Name of police official in block letters												
5.2	<input type="text"/>												
	Rank of police official in block letters												
5.3	<input type="text"/>												
	Persal number of police official												
5.4	Signature of police official												
												

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

1	R T P	<input type="text"/>	2	Date	C	C	Y	Y	-	M	M	-	D	D
	Right Thumb Print of applicant													
3	<input type="text"/>													
	Name of applicant in block letters													
4	Place	<input type="text"/>												
5	<input type="text"/>													
	Name of police official in block letters													
6	<input type="text"/>													
	Rank of police official in block letters													
7	<input type="text"/>													
	Persal number of police official													
8	Signature of police official													
													
9	DETAILS OF WITNESS													
9.1	<input type="text"/>													
	Name of witness in block letters													
9.2	<input type="text"/>													
	Rank of witness in block letters													
9.3	<input type="text"/>													
	Persal number of witness													

SAPS Notice of appeal

9.4

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 number/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

16 Place

Signature of interpreter

17

Rank of police official in block letters

18

Personal number of police official

I. IN CASE OF AUTHORIZED/REPRESENTATIVE PERSON

1	Name and surname of authorized/representative person																						
2	Identity/Passport no of authorized/representative person																						

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

5 Place

Signature of authorized/representative person

SAPS Request to alter firearm by a gunsmith

D. TYPE OF REQUEST TO ALTER FIREARM (Indicate with X)

- 1 Alter the mechanism of a firearm so as to enable the discharging of more than one shot with a single depression of the trigger
- 2 Alter the calibre of a firearm
- 3 Alter the barrel length of a firearm
- 4 Alter or remove the serial number or any other identifying mark of a firearm

5 Reasons for the request to alter firearm by a gunsmith

.....

.....

.....

6 Date of request 7 Date

DESCRIPTION OF FIREARM THAT MUST BE ALTERED

Type of licence, permit, certificate or authorization	Licence, permit, certificate or authorization number	Expiry date

10 Calibre	
11 Make	
12 Model	

Firearm component type:

13 Barrel serial number	14 Make	
15 Frame serial number	16 Make	
17 Receiver serial number	18 Make	

DESCRIPTION OF FIREARM THAT MUST BE ALTERED

Type of licence, permit, certificate or authorization	Licence, permit, certificate or authorization number	Expiry date

21 Calibre	
22 Make	
23 Model	

Firearm component type:

24 Barrel serial number	25 Make	
26 Frame serial number	27 Make	
28 Receiver serial number	29 Make	

DESCRIPTION OF FIREARM THAT MUST BE ALTERED

Type of licence, permit, certificate or authorization	Licence, permit, certificate or authorization number	Expiry date

32 Calibre	
33 Make	
34 Model	

SAPS Request to alter firearm by a gunsmith

Firearm component type:		
35	Barrel serial number	36 Make
37	Frame serial number	38 Make
39	Receiver serial number	40 Make

E. PARTICULARS OF CURRENT POSSESSOR

1 NATURAL PERSON'S DETAILS

1.1	SA identity	Passport
1.2	Identity number	
1.3	Passport number	
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 ()
1.16	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	
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	

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full names 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 no (if applicable)	
3.6	Physical address	
		3.7 Code
3.8	Postal address	
		3.8 Code

SAPS Request to alter firearm by a gunsmith

F. PARTICULARS OF GUNSMITH

1	Gunsmith's name												
2	Gunsmith's FAR number												
3	Postal address												
										4 Code			
5	Business address												
										6 Code			
7	Business telephone number	8 Work	()	9 Fax	()						
10	E-mail address												
11	Firearm Identification												
12	Firearm classification												

D. SIGNATURE OF APPLICANT AND GUNSMITH (Sign only where applicable)

1	<input type="text"/>	2	Date	C	C	Y	Y	-	M	M	-	D	D
	Name of authorized person in block letters												
3 Signature of authorized person	4	Place	<input type="text"/>									
5	<input type="text"/>	6	Date	C	C	Y	Y	-	M	M	-	D	D
	Name of gunsmith in block letters												
7 Signature of gunsmith	8	Place	<input type="text"/>									

5 DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION

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

E. (This section must only be completed if the applicant cannot read or write)

1	R T P <input type="text"/>	2	Date	C	C	Y	Y	-	M	M	-	D	D
	Right Thumb Print of applicant												
		3	<input type="text"/>	Name of applicant in block letters									
5	<input type="text"/>	4	Place	<input type="text"/>									
	Name of police official in block letters												
6	<input type="text"/>	7	<input type="text"/>	Persal number of police official									
	Rank of police official in block letters												
8 Signature of police official												

SAPS Request to alter firearm by a gunsmith

9 DETAILS OF WITNESS

9.1
Name of witness in block letters

9.2
Rank of witness in block letters

9.3 -
Persal number of witness

9.4
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 number/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

15
Signature of interpreter

16 Place

17
Rank of police official in block letters

18 -
Persal number of police official

J. IN CASE OF NOMINEE/AUTHORISED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4
Signature of nominee/authorized person

5 Place

J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1 RECOMMENDATION WITH REGARD TO THE APPLICATION

Recommended Not recommended

1.1 Motivation
.....
.....
.....

SAPS Request to alter firearm by a gunsmith

<input type="text"/>																		
2	<input type="text"/>						3	Date	C	C	Y	Y	-	M	M	-	D	D
Name of Designated Firearms Officer in block letters																		
4	<input type="text"/>						5	Place	<input type="text"/>									
Rank of Designated Firearms Officer in block letters																		
6 Signature of Designated Firearms Officer																	
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Persal number of Designated Firearms Officer																		



SOUTH AFRICAN POLICE SERVICE

INFRINGEMENT NOTICE

Section 122 of Firearms Control Act, 2000 (Act No 60 of 2000)

<p>OFFICIAL DATE STAMP</p> <p>DATE RECEIVED</p>

A. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTICE WAS RECEIVED																					
Province																					
Area																					
Police station																					
Component code																					
Infringement notice reference number	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>																				

B. PARTICULARS OF INFRINGEMENT									
Licence, permit, certificate or authorization number									
Type	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Handgun</td> <td style="width: 25%;">Rifle</td> <td style="width: 25%;">Shotgun</td> <td style="width: 25%;">Combination</td> </tr> <tr> <td colspan="4" style="text-align: center;">Other, specify (armament/indeterminable design type)</td> </tr> </table>	Handgun	Rifle	Shotgun	Combination	Other, specify (armament/indeterminable design type)			
Handgun	Rifle	Shotgun	Combination						
Other, specify (armament/indeterminable design type)									

NATURAL PERSON'S DETAILS

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

SAPS Infringement notice

2 RESPONSIBLE PERSON'S DETAILS

2.1 Responsible person (full names and surname)

2.2 Type of identification (Indicate with X) SA identity Passport number

2.3 Identity number of responsible person

2.4 Passport number of responsible person

2.5 Cell phone no (if applicable)

2.6 Physical address

2.7 Code

2.8 Postal address

2.9 Code

3 Particulars of alleged offence

4 Amount of administrative fine payable R

5 Infringer's rights

The infringer may no later than 30 days after the date of service of the infringement notice

- * pay the administrative fine;
- * make arrangements with the Registrar to pay the administrative fine in instalments; or
- * elect to be tried in court on a charge of having committed the alleged offence

6 Statement of failure to comply

If an infringer fails to comply with the requirements of a notice, the Registrar may file with the clerk or registrar of any competent court a statement certified by him or her as correct, setting forth the amount of the administrative fine payable by the infringer and such statement thereupon has all the affects of a civil judgment lawfully given in that court in favour of the Registrar for a liquid debt in the amount specified in the statement

7 Response date 8 Date

9 Court date 10 Date

11 Place where fine must be paid 12 Place

E. FOR OFFICIAL USE BY THE POLICE STATION

1 Name of police official in block letters 2 Date

3 Rank of police official in block letters 4 Place

5 Signature of police official 6 Persal number of police official

SAPS Infringement notice

7

.....
Signature of infringer

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

Date infringement notice was served



SAPS Response form to infringer



SOUTH AFRICAN POLICE SERVICE

RESPONSE FORM TO INFRINGER

Section 122 of Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP DATE RECEIVED
--

1. A. FOR OFFICIAL USE BY POLICE STATION WHERE RESPONSE FORM WAS RECEIVED												
2	Province											
3	Area											
4	Police station											
	Component code											
5	Infringement notice reference number											

B. PARTICULARS OF INFRINGEMENT

1. NATURAL PERSON'S DETAILS

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

2. RESPONSIBLE PERSON'S DETAILS

2.1	Responsible person (full names and surname)											
2.2	Type of identification (Indicate with X)	SA identity	Passport number									
2.3	Identity number of responsible person											
2.4	Passport number of responsible person											

SAPS Response form to infringer

2.5	Cell phone no (if applicable)				
2.6	Physical address				
2.8	Postal address	2.7 Code			
		2.8 Code			

3 **Infringer's rights**

The infringer may no later than 30 days after the date of service of the infringement notice

- * pay the administrative fine;
- * make arrangements with the Registrar to pay the administrative fine in instalments; or
- * elect to be tried in court on a charge of having committed the alleged offence

4 **Statement of failure to comply**

If an infringer fails to comply with the requirements of a notice, the Registrar may file with the clerk or registrar of any competent court a statement certified by him or her as correct, setting forth the amount of the administrative fine payable by the infringer and such statement thereupon has all the affects of a civil judgment lawfully given in that court in favour of the Registrar for a liquid debt in the amount specified in the statement

5 Return on/for

6 Date

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

7 Signature of infringer.....

8 Date

C	C	Y	Y	-	M	M	-	D	D
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SAPS Further competency certificate



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A FURTHER COMPETENCY CERTIFICATE

Section 9(6)(a) 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											
Province											
Area											
Police station											
Component code											
Firearm application register reference number											

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