

ANNEXURE "A"

FORMS		New SAPS numbers
1	Application for licence to possess a firearm	SAPS 271
2	Application for a competency certificate	SAPS 517
3	Application for a further competency certificate	SAPS 517(a)
4	Application for a duplicate licence, permit, certificate or authorization for lost, stolen and defaced licences	SAPS 517(b)
5	Application for licence issued to particular categories of persons - dealers, manufacturers and gunsmiths	SAPS 517(c)
6	Application to manufacture a new firearm or ammunition type	SAPS 517(d)
7	Application for renewal of licence(s) in terms of the previous Act	SAPS 517(e)
8	Application to declare premises a firearm free zone	SAPS 517(f)
9	Application for a temporary authorization to possess a firearm	SAPS 518
10	Application for the renewal of a licence, permit or authorization	SAPS 518(a)
11	Application for a temporary authorization to trade in firearms and ammunition, to conduct business as a gunsmith and to display firearms and ammunition on premises other than those specified in dealer's, manufacturer's or gunsmith's licence	SAPS 518(b)
12	Application for accreditation as an association	SAPS 519
13	Application for a accreditation for business purposes	SAPS 519(a)
14	Application for accreditation for official institutions	SAPS 519(b)
15	Application for a multiple import or export permit/permanent import or export permit/temporary import or export permit/In-transit permit for personal use (Individuals and Companies)	SAPS 520
16	Application for a multiple import or export permit/permanent import or export permit/temporary import or export permit/In-transit permit for dealers, manufacturers and gunsmiths	SAPS 520(a)
17	Application for permit to transport firearms and ammunition	SAPS 520(b)

18	Application for a permit to collect ammunition	SAPS 520(c)
19	Application for compensation	SAPS 520(d)
20	Notification of lost or stolen licences, permits, certificates or authorizations	SAPS 521
21	Notification of ceasing to carry on business	SAPS 521(a)
22	Notification of change of address	SAPS 521(b)
23	Notification of change of circumstances	SAPS 521(c)
24	Notification of change of commercial agent premises	SAPS 521(d)
25	Notification on assignment of a new responsible person for juristic person	SAPS 521(e)
26	Notification of lost/stolen/found firearms	SAPS 521(f)
27	Notification of incorrect information	SAPS 521(g)
28	Notification of requirement to deactivate a firearm	SAPS 521(h)
29	Cancellation of an application for a licence, permit, certificate or authorization	SAPS 522
30	Surrendering of firearm item(s)	SAPS 522(a)
31	Forfeiture of firearm item(s)	SAPS 522(b)
32	Acknowledgement of receipt of firearm documentation	SAPS 523
33	Remittance advice for firearm applications	SAPS 523(a)
34	Notice of Appeal	SAPS 530
35	Request to alter a firearm by a gunsmith	SAPS 531
36	Infringement Notice	SAPS 532
37	Response to infringement notice	SAPS 532(a)
38	Request to cancel a licence, permit, certificate or authorization	SAPS 533
39	Request to suspend a licence, permit, certificate or authorization	SAPS 533(a)
40	Transfer of firearm ownership	SAPS 534
41	Forwarding schedule	SAPS 535
42	Application for authorization to possess more than 2 400 primers	SAPS 536
43	List of firearms in possession of government departments and other bodies which are exempt from licensing	SAPS 349
44	Dealer's return: stock received	SAPS 350(a)
45	Dealer's return: stock supplied	SAPS 350(b)
46	Manufacturer's return: stock manufactured	SAPS 350(c)
47	Manufacturer's return: stock supplied	SAPS 350(d)
48	Gunsmith return: stock received	SAPS 350(e)
49	Gunsmith return: stock supplied	SAPS 350(f)

APPLICATION FOR LICENCE TO POSSESS A FIREARM

OFFICIAL DATE STAMP

DATE RECEIVED

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

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

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

SAPS 271

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

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

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

E. DESCRIPTION OF FIREARM (Indicate with an X)**TYPE OF FIREARM**

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

DETAILS OF FIREARM (Indicate with an X)

1.1 Action	Semi-automatic <input type="checkbox"/>	Automatic <input type="checkbox"/>	Manual <input type="checkbox"/>
	Other action (specify) _____		
1.2 Names and addresses engraved in the metal	_____		
1.3 Calibre	_____	1.4 Calibre code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.5 Make	_____		
1.6 Model	_____		
Firearm component type:			
1.7 Barrel serial number	_____	1.8 Make	_____
1.9 Frame serial number	_____	1.10 Make	_____
1.11 Receiver serial number	_____	1.12 Make	_____

F. PARTICULARS OF CURRENT OWNER

1 Type of owner (Indicate with an X)					
1.2 A Private owner	B Firearm dealer	C Company	D Imported firearm	E Estate	
2 NATURAL PERSON'S DETAILS					

3	TYPE A (Private owner)									
4	Surname									
6	Full names									
7	Identity number									
8	Residential address									
10	Postal address									
12	Telephone number									
12.1	Home					()				
12.2	Work					()				
12.3	Cellphone number									
13	Fax					()				
14	E-mail address									
15	Are there any additional firearm licence holders for this firearm? (Indicate with an X)									
	YES					NO				
16	JURISTIC PERSON'S DETAILS									
17	TYPE B (Firearm dealer)									
18	Registered company name									
19	Trading as name									
20	FAR number									
21	Postal address									
23	Business address									
25	Business telephone number									
25.1	Work					()				
25.2	Fax					()				
26	E-mail address									
27	Responsible person (Name and surname)									
28	Type of identification (Indicate with an X)									
29	SA citizen					Non-SA citizen with permanent residence*				
30	Identity number of responsible person									
31	Cellphone number									
32	Physical address									
33	Postal address									
35	SAP 350 (A) DETAILS									
36	Firearm received from									
37	Name									
38	Identification number or FAR number									
39	Address									
40	Data received									

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

SAPS 271

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

59	TYPE D (Imported firearms)									
60	Import permit number									
61	Date issued									
62	Expiry date									

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

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

79	Physical address where firearm(s) is kept				
		RD	Postal Code		

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

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

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

[illegible]

84	Designation	
----	-------------	--

85	Date				-			-		
----	------	--	--	--	---	--	--	---	--	--

86 _____
Signature of current owner/authorized person

87

Place	
-------	--

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

PARTICULARS OF EXISTING COMPETENCY CERTIFICATE (Indicate with an X)

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

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

[illegible]

[illegible]5 **Type of identification** (Indicate with an X)

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

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

27	Single		Married		Divorced		Widow		Widower	
	Other (specify) _____									

Page 6 of 12

28 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER

29 Type of identification (Indicate with an X)

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

33 JURISTIC PERSON'S DETAILS

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

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

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

55	Are you a member of an accredited association? (Indicate with an X)		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
56	State name of accredited association						
57	FAR number of accredited association						
58	Membership number		44 Date joined				
			45 Expiry date				

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

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

SAPS 271

62	HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If yes, submit the following details
62.1	Police station ⁽¹⁾			62.2 CAS/Case number
62.3	Charge			
62.4	Outcome			
62.5	Police station ⁽²⁾			62.6 CAS/Case number
62.7	Charge			
62.8	Outcome			

63	ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If yes, submit the following details
63.1	Police station ⁽¹⁾			63.2 CAS/Case number
63.3	Offence			
63.4	Police station ⁽²⁾			63.5 CAS/Case number
63.6	Offence			

64	HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If yes, submit the following details
64.1	Police station ⁽¹⁾			64.2 CAS/Case number
64.3	Circumstances			
64.7	Details of firearm			
64.5	Police station ⁽²⁾			64.6 CAS/Case number
64.7	Circumstances			
64.8	Details of firearm			

65	WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If yes, submit the following details
65.1	Police station ⁽¹⁾			65.2 CAS/Case number
65.3	Charge			65.4 Outcome
65.5	Police station ⁽²⁾			65.6 CAS/Case number
65.7	Charge			65.8 Outcome

66	HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If yes, submit the following details
66.1	Police station ⁽¹⁾			66.2 CAS/Case number
66.3	Charge			
66.4	Date from			66.5 Period
66.6	Police station ⁽²⁾			66.7 CAS/Case number
66.8	Charge			
66.9	Date from			66.10 Period

67	HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If yes, submit the following details
67.1	Police station ⁽¹⁾			67.2 CAS/Case number
67.3	Circumstances			67.4 Outcome

SAPS 271

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

68	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
68.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)				
	Type of safe	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>
	Strongroom	<input type="checkbox"/>			
	Device	<input type="checkbox"/>			
69	IS SAFE MOUNTED? (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
69.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)				
	Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>	

70	DECLARATION BY APPLICANT
----	---------------------------------

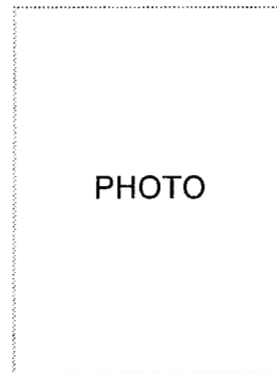
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

H.	SIGNATURE OF APPLICANT (Sign only if applicable)
----	---

Note:

The requirements of the photo:

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



1



2

Signature



3

⁴ Fingerprint designation



5	
---	--

Name of applicant in block letters

6	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
---	------	----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

7	Place	<input type="text"/>
---	-------	----------------------

SAPS 271

8 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
8.1 <input type="text"/> Name of police official in block letters	8.2 <input type="text"/> Persal number of police official
8.3 <input type="text"/> Rank of police official in block letters	8.4 <input type="text"/> Signature of police official
9 PARTICULARS OF WITNESS	
9.1 <input type="text"/> Name of witness in block letters	9.2 <input type="text"/> Persal number of witness
9.3 <input type="text"/> Rank of witness in block letters	9.4 <input type="text"/> Signature of witness

I. PARTICULARS OF INTERPRETER (This section must be completed only if the applicant cannot read or write or does not understand the content of this form.)	
1 Name and surname of interpreter	<input type="text"/>
2 Identity/Passport number of interpreter	<input type="text"/>
3 Residential address	<input type="text"/>
	⁴ Postal Code <input type="text"/>
5 Postal address	<input type="text"/>
	⁶ Postal Code <input type="text"/>
7 Telephone number	^{7.1} Home () <input type="text"/>
8 Cellphone number	^{7.2} Work () <input type="text"/>
10 E-mail address	⁸ Fax () <input type="text"/>
11 Interpreted from (language)	to <input type="text"/>
	12 Date <input type="text"/>
13 <input type="text"/> Signature of interpreter	14 Place <input type="text"/>
15 <input type="text"/> Rank of police official in block letters (if applicable)	16 <input type="text"/> Persal number of police official (if applicable)

J. PARENTAL CONSENT IN CASE OF A MINOR	
1 Recommended	Not recommended
2 Name and surname of parent/guardian	<input type="text"/>
3 Identity/Passport number of parent/guardian	<input type="text"/>
4 Comments of parent/guardian	<input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

[illegible]

5	Date					-			-	
---	------	--	--	--	--	---	--	--	---	--

7	Place	
---	-------	--

Signature of parent/guardian

*** NOTIFICATION OF CHANGE OF ADDRESS ***

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

K. **FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER**

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

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

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

Distance to nearest neighbours metre/kilometre

Distance to nearest police station metre/kilometre

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

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

is the applicant a (indicate with an X)	dedicated hunter	dedicated sports-person	private collector	public collector
---	------------------	-------------------------	-------------------	------------------

How many firearms does the applicant possess?	
---	--

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

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

[illegible][illegible]

SAPS 271

7.2

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

8

Name of Designated Firearms Officer/Station Commissioner in block letters

10

Rank of Designated Firearms Officer/Station Commissioner in block letters

12

Signature of Designated Firearms Officer/Station Commissioner

9

Date					-			-		
------	--	--	--	--	---	--	--	---	--	--

11

Place										
-------	--	--	--	--	--	--	--	--	--	--

13

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

Persal number of Designated Firearms Officer/Station Commissioner

APPLICATION FOR A COMPETENCY CERTIFICATE

Section 9 of the Firearms Control Act, 2000 (Act No 60 of 2000)

Page 1 of 11

SAPS 517

D. TYPE OF COMPETENCY CERTIFICATE (Indicate with an X)

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

E. PARTICULARS OF APPLICANT**TYPE OF CITIZENSHIP** (Indicate with an X)

1.1	SA citizen		Non-SA citizen with permanent residence*	
2	Identity number of applicant			
3	Surname			
4	Initials			
5	Full names			
6	Age		7 Gender	Male
7			Female	(Indicate with an X)
8	Date of birth			
9	Residential address			
10	Postal Code			
11	Postal address			
12	Postal Code			
13	Description of type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)			
14	Trade or profession	15 If self-employed, specify		
16	Name of employer/company			
17	Business address			
18	Postal Code			
19.1	Telephone number	Home	()	19.2 Work ()
20	Cellphone number	20 Fax ()		
21	E-mail address			

Marital status (Indicate with an X)

22.1	Single		Married		Divorced		Widow		Widower	
	Other (specify)									

PARTICULARS OF SPOUSE/PARTNER (If applicable)**Type of identification** (Indicate with an X)

23.1.1	SA ID		Passport	
23.2	Identity number of spouse/partner			
23.3	Passport number of spouse/partner			

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

SAPS 517

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

1	Have you successfully completed the prescribed test on the knowledge of this Act? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2	Have you successfully completed the prescribed training and practical test for dealers, manufacturers or gunsmiths? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3	In the case of dealers, manufacturers or gunsmiths, submit details of relevant qualifications/experience			

G. APPLICATION FOR A COMPETENCY CERTIFICATE TO POSSESS A FIREARM
(THIS APPLIES TO PRIVATE PERSONS ONLY.)

1	Have you successfully completed the prescribed test on this Act? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2	Have you successfully completed the prescribed training and practical tests on the safe and efficient handling of a firearm? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3	For which firearm(s) did you receive the prescribed training? (Indicate with an X)			
	Pistol	<input type="checkbox"/>	Revolver	<input type="checkbox"/>
	Rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>
	Other (specify)	 		

H. OTHER INFORMATION

1	DO YOU HAVE A TRAINING CERTIFICATE ISSUED BY AN ACCREDITED TRAINING INSTITUTION? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2	Name of accredited training institution		 	
3	Serial number on training certificate issued		 	
4	Date issued		 	
5	HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
5.1	Police station ⁽¹⁾			5.2 CAS/Case number
5.3	Charge	 		
5.4	Outcome	 		
5.5	Police station ⁽²⁾			5.6 CAS/Case number
5.7	Charge	 		
5.8	Outcome	 		

SAPS 517

6	ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
6.1	Police station ⁽¹⁾			6.2 CAS/Case number
6.3	Offence			
6.4	Police station ⁽²⁾			6.5 CAS/Case number
6.6	Offence			

7	HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
7.1	Police station ⁽¹⁾			7.2 CAS/Case number
7.3	Circumstances			
7.7	Details of firearm			
7.5	Police station ⁽²⁾			7.6 CAS/Case number
7.7	Circumstances			
7.8	Details of firearm			

8	WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
8.1	Police station ⁽¹⁾			8.2 CAS/Case number
8.3	Charge			8.4 Outcome
8.5	Police station ⁽²⁾			8.6 CAS/Case number
8.7	Charge			8.8 Outcome

9	HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
9.1	Police station ⁽¹⁾			9.2 CAS/Case number
9.3	Charge			
9.4	Date from			9.5 Period
9.6	Police station ⁽²⁾			9.7 CAS/Case number
9.8	Charge			
9.9	Date from			9.10 Period

10	HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
10.1	Police station ⁽¹⁾			10.2 CAS/Case number
10.3	Circumstances			10.4 Outcome
10.5	Police station ⁽²⁾			10.6 CAS/Case number
10.7	Circumstances			10.8 Outcome

11	IN THE PAST FIVE YEARS HAVE YOU BEEN SERVED WITH A PROTECTION ORDER, OR VISITED BY A POLICE OFFICIAL CONCERNING ALLEGATIONS OF VIOLENCE OR OTHER CONFLICT IN YOUR HOME OR ELSEWHERE? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit details			

SAPS 517

12	IN THE PAST FIVE YEARS HAVE YOU BEEN DENIED A LICENCE, PERMIT OR AUTHORIZATION REGARDING A FIREARM? <small>(Indicate with an X)</small>			
YES	NO			
	If yes, submit details			
13	IN THE PAST FIVE YEARS DID YOU THREATEN OR ATTEMPT SUICIDE, SUFFERED FROM MAJOR DEPRESSION OR EMOTIONAL PROBLEMS, OR ENGAGED IN INTOXICATING OR NARCOTIC SUBSTANCE ABUSE? <small>(Indicate with an X)</small>			
YES	NO			
	If yes, submit details			
14	IN THE PAST FIVE YEARS HAVE YOU BEEN DIAGNOSED OR TREATED BY A MEDICAL PRACTITIONER FOR DEPRESSION, DRUG, INTOXICATING OR NARCOTIC SUBSTANCE ABUSE, BEHAVIOURAL PROBLEMS OR EMOTIONAL PROBLEMS? <small>(Indicate with an X)</small>			
YES	NO			
	If yes, submit details			
15	IN THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION FROM AN INTIMATE PARTNER WITH WHOM YOU RESIDED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE? <small>(Indicate with an X)</small>			
YES	NO			
	If yes, submit details			
16	IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? <small>(Indicate with an X)</small>			
YES	NO			
	If yes, submit details			
17	IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.			
17.1	*Compelling reasons (Indicate with an X)			
Conduct a business	Gainfully employed	Dedicated hunter	Dedicated sports-person	Private collector
Public collector	Other			
17.2	Submit full details			
18	DECLARATION BY APPLICANT			

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

SAPS 517

I. SIGNATURE OF APPLICANT (Sign only if applicable)

Note:

The requirements of the photo:

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

PHOTO

1

2

Signature

3

⁴ Fingerprint designation

5

Name of applicant in block letters

6

Date					-			-		
------	--	--	--	--	---	--	--	---	--	--

7

Place										
-------	--	--	--	--	--	--	--	--	--	--

8

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

8.1

Name of police official in block letters

8.2

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

Personal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official

9

PARTICULARS OF WITNESS

9.1

Name of witness in block letters

9.2

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

Personal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

* Submit proof of that indicated in par 11.1.

J

PARTICULARS OF INTERPRETER

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

1

Name and surname of interpreter										
---------------------------------	--	--	--	--	--	--	--	--	--	--

2

Identity/Passport number of interpreter																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3

Residential address										
---------------------	--	--	--	--	--	--	--	--	--	--

5

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

⁴ Postal Code

Postal address										
----------------	--	--	--	--	--	--	--	--	--	--

⁶ Postal Code

7

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

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

SAPS 517

8	Cellphone number		* Fax	()						
10	E-mail address									
11	Interpreted from (language)		to							
12	Date				-			-		
14	Place									
15	Rank of police official in block letters (if applicable)									
16	Personal number of police official (if applicable)								-	

K. PARENTAL CONSENT IN CASE OF A MINOR

1	Recommended		Not recommended	
2	Name and surname of parent/guardian			
3	Identity/Passport number of parent/guardian			
4	Comments of parent/guardian			

5	Date					-			-		
6	Signature of parent/guardian _____										
7	Place	_____									

SAPS 517

**L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS THE INTERVIEWS
(INTERVIEW REPORT)**

INTERVIEW 1 (With a person other than the applicant's spouse or partner)

1.1	SA ID	Passport	(Indicate with an X)
2	Identity number of interviewee		
3	Passport number of interviewee		
4	Surname	Initials	
6	Full names		
7	Age	Gender	Male Female (Indicate with an X)
9	Address		
	Postal Code		
11	Telephone number	Home	Work
11.3	Cellphone number	Fax	
13	The interviewee's relation to the applicant? (eg neighbour, employer, parents)		
14	Comments of the interviewee		
15	Date	Time	
17	Comments of the police official who conducted the interview		
18	In what manner was the interview conducted? (eg in person, by telephone)		
19	Date	Time	
21	Name of police official in block letters		
22	Persal number of police official		
23	Rank of police official in block letters		
24	Signature of police official		

INTERVIEW 2 (With a person other than the applicant's spouse or partner)

25.1	SA ID	Passport	(Indicate with an X)
26	Identity number of interviewee		
27	Passport number of interviewee		
28	Surname	Initials	
30	Full names		
31	Age	Gender	Male Female (Indicate with an X)
33	Address		
	Postal Code		
35	Telephone number	Home	Work

SAPS 517

35.3	Cellphone number		36	Fax	()
37	The interviewee's relation to the applicant? (eg neighbour, employer, parents)				
38	Comments of the interviewee				
39	Date				
40	Time				
41	Comments of police official after the interview				
42	In what manner was the interview conducted? (eg in person, by telephone)				
43	Date				
44	Time				
45	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>				
	Name of police official in block letters				
46	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>				
	Rank of police official in block letters				
47	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>				
	Signature of police official				
48	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>				
	Personal number of police official				
49	INTERVIEW WITH APPLICANT'S SPOUSE/PARTNER (if applicable)				
49.1	SA ID		Passport		(Indicate with an X)
50	Identify number of spouse/partner				
51	Passport number of spouse/partner				
52	Surname				53 Initials
54	Full names				
55	Age			56 Gender	Male Female (Indicate with an X)
57	Address				
	58 Postal Code				
59	Telephone number	59.1 Home	()	59.2 Work	()
59.3	Cellphone number				60 Fax
61	Comments of spouse/partner				
62	Date				
63	Time				
64	Comments of the police official who conducted the interview				

SAPS 517

65	In what manner was the interview conducted? (eg in person, by telephone)	
66	Date	
67	Name of police official in block letters	68 Personal number of police official
63	Rank of police official in block letters	70 Signature of police official
71	OTHER DETAILS (To be completed by the Designated Firearms Officer)	
72	Describe the health and physical fitness of the applicant	
73	Describe the mental condition of the applicant and indicate whether he/she is inclined to act violently	
74	General impression of the applicant's character, including his or her temper and emotional and behavioural stability	
75	Is the applicant dependant on any substance which has an intoxicating or narcotic effect? If yes, submit details	
76	Are there any negative aspects known about the applicant? If yes, submit details	
77	Does the applicant have a criminal history? If yes, submit details	

SAPS 517

78 Describe the applicant's knowledge of the Firearms Control Act, 2000 (Act No 60 of 2000), and Regulations, as well as his or her knowledge of the safe handling of a firearm.

.....

.....

.....

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

79.1 Compelling reasons (indicate with an X)

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

79.2 Confirmation of compelling reasons

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
-------------	--------------------------	-----------------	--------------------------

1.1 Motivation

.....

.....

.....

.....

.....

.....

.....

.....

.....

2

Name of Designated Firearms Officer/Station Commissioner in block letters

3 Date

4

Rank of Designated Firearms Officer/Station Commissioner in block letters

5 Place

6

Signature of Designated Firearms Officer/Station Commissioner

7

Personal number of Designated Firearms Officer/Station Commissioner