

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A FURTHER COMPETENCY CERTIFICATE

Section 9(6)(a) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		CIAL USE BY THE POLICE STATION THE APPLICATION IS CAPTURED
	¹ Application reference No	
DATE RECEIVED		
B. FOR OFFICIAL USE	BY POLICE STATION WHERE TH	F APPLICATION IS RECEIVED
Province		-
Area		
Police station.		
Component code		
Firearm applications register reference number		YEAR
	IAL USE BY THE CENTRAL FIREA	ARMS REGISTER (CFR)
Outstanding/Additional information requir	ea	·······
	² Persal number	Date
⁴ Signature of police official		⁵ Name in block letters
Application for a further competency certi approved (indicate with an X)	ficate	
	Persal number	Date
⁹ Signature of CFR officer	¹⁰ Officer code	11 Name in block letters
Application for a further competency cert refused (Indicate with an X)	ificate 13 Reason(s) fo	or refusal
	14 Persal humber	18 Date
16 Signature of CER officer	17 Officer code	18 Name in block letters

	D. TYPE OF FURTHER COMPETENCY CERTIFICATE (Indicate with arr X)
1	A To trade in firearms
2	B To manufacture frearms
3	C To conduct business as a gunsmith
4	D To possess a firearm (indicate with X)
	Handgun Rifte Shotgun
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SA ID Non-SA citizen with permanent residence*
3	identity number
41	Surname \$ Initials
6	Full names
7	Residential address
9	* Postal Code
ž,	Postal address
11	Telephone number
11.3	Telephone number 11.1 Home () 11.2 Work () Celiphone number 12. Fax ()
13	E-mail:address
14	Trade or profession. 15 If self-employed, specify
16	Name of employer/company
17	Business address
	¹⁸ Postal Code
19	Telephone number () () () ()
19.3	Cellphone number 20 Fax ()
21	E-mail address
	F. PARTICULARS OF CURRENT/PREVIOUS COMPETENCY CERTIFICATE ISSUED TO APPLICANT
1	Type of competency certificate
2	Competency certificate number
3	Date of issue ** Expiry date
5	ARE YOU A MEMBER OF AN ACCREDITED ASSOCIATION? (Indicate with an X)
	YES NO If yes, submit the following details
6	Name of accredited association
7	Membership number

^{*} Proof of permanent residence must be submitted, if an applicant is not a SA citizen.

	OTHER INFORMATION				
	HAVE YOU EVER BEEN (Indicate with an X)	CONVICTED OF AN OF	FENCE, COMMITTED INS	IDE OR OUTSIDE THE BORD	ERS OF THE RSA?
	YES	DIA	If yes, submit the follow		
	Police station ⁽¹⁾		••••	10.2 CAS/Case number	
	Charge				
	Outcome				
	Police station (2)			19.5 CAS/Case number	
	Charge				
	Outcome			·	
	ARE THERE ANY CASE	S PENDING AGAINST Y	OU? (Indicate with an X)		
L	YES	NO	If yes, submit the follow	ng details	
	Police station (1)			14.2 CAS/Case number	
	Offence				
	Police station [2]			11.5 CAS/Case number	
	Offence				
	HAVE ANY OF YOUR FI	REARM(S) EVER BEEN	LOST/STOLEN? (Indicate a	vills an X)	
	YES	NO	If yes, submit the follow	ng details	
	Police station (1)			12.2 ÇAS/Case number	
	Circumstances				
	Details of firearm				
	Police station (2)			12.6 CAS/Case number	
	Circumstances				
2000	Details of firearm				
March Copper	WAS A CASE OF NEGLI	GENCE OPENED AND I	NVESTIGATED REGARDIN	IG THE STOLEN/LOST FIRE/	ARM? (Indicate with an X)
	YES	NO	If yes, submit the following	ng details	
	Police station (1)			19-2 CAS/Case number	
	Charge			13.4 Outcome	
	Police station ⁽²⁾			13.6 GAS/Case number	
	Charge			13.8 Outcome	
	HAVE YOU EVER BEEN	DECLARED UNFIT TO P	POSSESS A FIREARM? (Inc	ficale with an X)	
	YES	NO	If yes, submit the following	ng details	
	Police station (1)			14.2 CAS/Case number	
	Charge				
	Date from			14.5 Period	
	Police station ⁽²⁾			14.7 CAS/Case number	
	Charge				
	Date from			^{14,10} Period	

	HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (HIGHER	e with an X)
	YES NO if yes, submit the foll	owing details
15.1	Police station (1)	ff.a CAS/Case number
15.3	Circumstances	15.8 Outcome
15.5	Police station (2)	15.6 CAS/Caseriumber
15.7	Oroumstances	15.9 Outcome
4.5		I Description of the second of
16	DECLARATION BY APPLICANT	
	I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Co	ontrol Act, 2000 (Act No 60 of 2000), to make a false statement in this
	application.	
	G. SIGNATURE OF APPLICA	NT (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.	PHOTO
	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.	1
	 The whole finger must be pressed down on the sheet. The fingerprint should not be rolled and must be a flat impression. 	\$
		⁴ Fingerprint designation
	2	3
5		6 Date
	Name of applicant in block letters	
		7 Place
8	PARTICULAR OF POLICE ATTICKS	7
	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
8.1		6.2
	Name of police official in block letters	Persal number of police official
B.3		8.4
	Rank of police official in block letters	Signature of police official
9	PARTICULARS OF WITNESS	
9.1		9.2
	Name of witness in block letters	Persal number of witness
9.3		9.4
	Rank of witness in block letters	Signature of witness
		-

Page 4 of 6

	H. (This section must be con	npleted on		CULARS cant cann					inders	tand the	conte	11 of 1 1	nis for	m.)		
1	Name and surname of interpreter		<u> </u>													
2	identity/Passport number of interpreter		1			T					T	T	T	T	T	T
3	Residential address					•										
										⁴ Pot	stal Coc	le				
5	Posfal address															
										⁶ Pos	tał Coo	e				
7	Telephone number 7.1 Hi	ome	()			7.2	Work	()						
8	Celiphone number					9 F	3X	()						
10	E-mail address				~											
11	interpreted from (language)						o									
					1:	2 Date			T	-	1.		Π	Γ.		
											1	L				
13					1	Plac	e									
	Signature of interpreter	••••••														
15					10	•		T	T	Т		١.]		
	Rank of police official in block letters(if ap	plicable)				Persa	numb	er of	police	official	if applic	cable))	,		
	L	PA	RENTAL C	ONSEN	TINC	ASE O	FAN	IINO	R							
1		eri							Not n	ecomme	andod		******			
1	Recommend			,					********	*********						
	Recommend Name and surname of parent/guardian			····												
2											T		 T		· · ·	T
2 3 4	Name and surname of parent/guardian										I					
2	Name and surname of parent/guardian Identity/Passport number of parent/guar										I					
2	Name and surname of parent/guardian Identity/Passport number of parent/guar															
2	Name and surname of parent/guardian Identity/Passport number of parent/guar															
2	Name and surname of parent/guardian Identity/Passport number of parent/guar								I							
2	Name and surname of parent/guardian Identity/Passport number of parent/guar													L		
2	Name and surname of parent/guardian Identity/Passport number of parent/guar								I		I			L		
2	Name and surname of parent/guardian Identity/Passport number of parent/guar															
2	Name and surname of parent/guardian Identity/Passport number of parent/guar															
2	Name and surname of parent/guardian Identity/Passport number of parent/guar				5											
2	Name and surname of parent/guardian Identity/Passport number of parent/guar				5	Date										

		IIICIDA IIO I IICOAI	DING THE APPLICATION	7
	Recommended		Not recommended	
Motivation				
• • •	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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		••••••		
			4 Date	
ame of Designated Fire	earms Officer in block letters			
			6	
	arms Officer in block letters		Place	



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A DUPLICATE LICENCE, PERMIT, CERTIFICATES OR **AUTHORIZATION FOR LOST, STOLEN AND DEFACED LICENCES**

Section 29(2), 44(2), 58(2), 72(2) and 82(2) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	A.	FOR OFFICIA WHERE TH		POLICE STA			
		¹ Applicati	on reference No					
					*	II		
	DATE RECEIVED							
	B. FOR OFFICIAL USE BY POI	LICE STATIO	N WHERE THE A	PPLICATION	IS RECEIVED			
1	Province			•••••				
2:	Area			•••••		••••	•••••	
3	Police station						*****	
4.	Component code							
5	Firearm applications register reference No	SAPS 86	NO		YEAR			
	C. PARTICULARS TYPE OF LICENC	OF LICENCE E, PERMIT OF	. PERMIT OR AL AUTHORIZATION	ITHORIZATIO (Indicate with an X	N			
1	Competency certificate	3	Licence issue	d to particular c	ategories of pers	sons		
1.1	To trade in firearms	3.1	Licence to deal	in firearms and a	rrmunition			
1.2	To manufacture firearms	3.2	Licence to man	ufacture firearms	and ammunition			
1.3	To conduct business as a gunsmith	3.3	Licence to conc	luct business as a	ı gunsmith			
.4	To possess a firearm	4	Permits					
2	Licences	4.1	Permit to posse	ss ammunition in	a private collectio	n)		
.1	Licence to possess a firearm for self-defence	4.2	Permit to posse	ss ammunition in	a public collection	1		
.2	Licence to possess a restricted firearm for self-detence	4.3	Import permit					
.3	Licence to possess a firearm for occasional hunting and sports-shooting	4.4	Export permit					
.4	Licence to possess a firearm for dedicated hunting and dedicated sports-shooting	4.5	Transporter's p	ermit				
5	Licence to possess a firearm in a private collection	4.6	In-transit permit					
.6	Licence to possess a firearm in a public collection (museums)	4.7	Multiple import a	and export permit				
.7	Licance to possess a firearm for business purposes; Business in hunling	4.8	Temporary Impo	rt-/export permit				
.8	Licence to possess a firearm for business purposes: Other business purposes				- V			

continue

2.1 2.2 2.3

2.4

2.6

2.8

5	Authorizations	6.4	To provide security ser	rvices for its own bus	mass
5.1	Temporary authorization to possess a firearm	6,5	As a sports-shooting a	ind/or hunting associ	ation
5i.2	Temporary authorization to trade in freatms and argumition	6.6	As a collectors' associ	ati on	
5.3	Temporary authorization to a manufacturer to display firearms and ammunition	6.7	As a museum		
5.4	Temporary authorization to conduct business as a gunsmith	6.8	As a public collector of	firearms and ammun	ifficis
E	Accreditation	6.9	As a game rancher		
€.1	As a shooting range	6.10	As an official institution	ı	
6.2	To provide training	6.11	To provide firearms for productions	use in theatrical, film	or television
6.3	To conduct business in hunting		<u> </u>		
7	State reason for the application for a duplicate licence (indi	icale with an X1	Losi	Stolen	Defaced
7.1	Other reason(s)			Good	<i>cenoce</i>
_					
8	Particulars o	of original licenc	e, permit or authorizati	on :	
	Licence; permit or authorization ni	umber	E	Parle issued	Expiry date
B.1		••••			
B.2 B.3		•••••			
3.4					
•	Did you report the loss of your licence, permit or authorizat	ion et your neares	a police station within 24	hours?	
			why the loss of your licer		zation was not reported
3.1	Reason(s)				
			•	•••••	
.2	If yes, submit the following details				
0.2.1	Police station where the loss/theft of your licence, permit or	r authorization wa	s reported		
.2.2	Notification reference number				
0		DETAILS OF	FIREARM		
	In case of a licence, temporary authorization to poss			e following particulars	must be submitted
	(1)	(2)	(3)	(4)
0.1	Туре				
0,2	Calibre				
0,3	Make				
(1.4	Model				

	Firearm component type:
10.5	Barrel serial number
1-7.6	Frame serial number
1:0.7	Receiver serial number
	D. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT OR AUTHORIZATION
1	NATURAL PERSON'S DETAILS
1.1	SA ID Passport
1.2	Identify number of natural person
2	Passiport number of natural person
3	Surname 4 Initials
5	Residential address
	⁶ Postal Code
7	Postal address
	⁶ Postal Code
9	Telephone number 4.1 Home () 52. Wark ()
9.3	Cellphone number ()
11	E-mail address
12	JURISTIC PERSON'S DETAILS
13	OTHER BODIES
14	Registered company name
15	Trading as name
16	FAR number
17	Postal address
	19 Postal Code
19	Business address
	²⁰ Postal Code
21 22	Business telephone number 21.1 Work () 21.2 Fax ()
22	E-mail address
23	RESPONSIBLE PERSON'S DETAILS
24	Responsible person (full name and sumame)
25	Type of identification (tridicate with an X) SAID Passport number
26	Identify number of responsible person.
27	Passport number of responsible person
18	Cellphone number
29	Physical address
	³⁴ Postal Code

9.1

9.3

Rank of witness in block letters

SAPS 517(b) Postal address 32 Postal Code 33 **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. 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 **PHOTO** 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 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. ⁴ Fingerprint designation 2 Signature Date Name of applicant in block letters Place PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters Persal number of police official 8.4 8,3 Signature of police official Rank of police official in block letters PARTICULARS OF WITNESS Name of witness in block letters Persal number of witness Signature of witness

	F. (This section m	ust be completed only i	PARTICULA f the applicant of	ARS OF INT	ERPRE write or o	TER loes not u	indersta	nd the c	onten	t of th	is for	n.)	
	Name and surname of interp	reter		·									
2	Identity/Passport number of i	nterpreter											
8	Residential address												
								4 Pos	tal Cot	de			
ŧ	Postal address												
								⁶ Post	tal Cod	de			
7	Telephone number	^{7,1} Home ()		72 V	/ork	()					
8	Celiphone number				9 F	žΧ	()					
10	E-mail address												
11	Interpreted from (language)				to								
				12	Date				-			-	
13				14									
	Signature of interpreter				Place								
15				16								1	
	Rank of police official in block I	etters (if applicable)			Persal n	umber of	police o	fficial (if	applic	able)		l	
	G.	FOR	OFFICIAL US	E BY THE	POLICE	STATI	ON						
1				2		T							
	Name of police official in block	letters		-	Date				-			_	
3	The state of the s			4									
•	Rank of police official in block le	etters		•	Place								
5	Traini of police official at block in	onor o		6			— 1 —					l	
•	Signature of police official			•	Persal r	number of	nolice (official		-		ı	
	and a police of total				, 0,041		Polios (



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR LICENCE ISSUED TO PARTICULAR CATEGORIES OF PERSONS - DEALERS, MANUFACTURERS OR GUNSMITHS

Section 34, 48 and 62 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED					
	¹ Application referen	ice No				
1						
DATE RECEIVED			•			
B. FOR OFFICIAL USE BY POL	ICE STATION WHE	RE THE APP	LICATION	IS RECEI	VED	
Province	••••••	***************************************		•••••	······································	
Area Police station				•••••		
Component code				·	••••••	
Firearm applications register reference No	SAPS 86 NO			YEAR		
c. FOR OFFICIAL USE	BY THE CENTRAL	TIDE ADMC	DECIETED	(CED)		
c. FOR OFFICIAL USE 1 Outstanding/Additional information required	DI THE GENTRAL	IRLARING	KEGISTER	(GFR)		
7					•••••	
			•••••		••••••	
	***************************************		•••••		••••••	•••••
- Pen	sal number		·	-	3 Da	te
						—
⁴ Signature of police official		L	⁵ Name in b	ock letters	***	
*Application for licence approved (indicate with an X)			••••			
	sal number		.		* Da	te:
	an Harrison			1		••
Signature of CFR officer **Application for Ilcence refused (Indicate with an X)	10 Officer code	m(s) for refus	11 Name in b	lock letters		
Obbit struction in circle (cinsenditioners and any)	1.043					
				•••••		
	***************************************			••••••		
- 14 Par	sel number			-	15 Di	ate
			<u></u>			 ,
¹⁶ Signature of CFR officer	17 Officer code		18 Name in bl	ock letters		

	SAPS 517(c)
	D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH
1	Details of competency certificate
2	Type of competency certificate
3	Competency certificate number
4	Date issued 5 Expiry date
6	Specify type of licence which is being applied for (Indicate with an X)
6.1	To trade in firearms and ammunition
6.2	To trade in animunition
6.3	To manufacture firearms
6.4	To manufacture ammunition
6.5	To conduct business as a gunsmith
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Surname 3 Initials
4	Full names
5	identity number of natural person
6	Passport number of natural person
7	Business address
9	^B Postal Code
	Postal address 10 Postal Code
11	111
11.3	Celliphone number () **Work () Celliphone number () **Pax ()
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	Registered company name
16	Trading as name
17	Name under which business is to be conducted
18	FAR number
19	GG-or company registration no.
20	RESPONSIBLE PERSON'S DETAILS
21	Responsible person (full name and surname)
22	Type of Identification (Indicate with an X) SA ID Passport number
23	Identity number of responsible person
24	Passport number of responsible person
2:5	Celiphone number

	SAPS 517(c
26	Physical address
	27 Postal Code
28	Postal address
	²⁸ Postal Code
30	PROOF SIGNATURES OF RESPONSIBLE PERSON
31	32
•	Signature of responsible person Signature of responsible person
33	DETAILS OF PREMISES
34	
34	PHYSICAL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED
	Address
	Postal Code
35	CLASSIFICATION OF THE PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC.)
36	DESCRIBE THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS
37	DESCRIBE THE ALARM SYSTEM
38	
	LOCATION AND PARTICULARS OF SAFE OR STRONG-ROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT
20	
39	DESCRIBE THE BURGLAR PROOFING

		4 , 4 (
40	DESCRIBE OTHER SECURITY FEATURES	
41	DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS OR MANUF, THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALE	ACTURERS DATABASE
	Submit a description of the workstation which will link your registers to the Cer in case of a dealer or a gunsmith, submit the reason(s) why the Registrar mus	
12	Date of commencement of business	
43	DECLARATION BY APPLICANT	
	I am aware that it is an offence in terms of Section 120 (9)(f) of the Firearms Corapplication.	ontrol Act, 2000 (Act No 60 of 2000), to make a false statement in this
	F. SIGNATURE OF APPLICA	(NT (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. 	РНОТО
	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. 	1 -
	 The fingerprint should not be rolled and must be a flat impression. 	3
		······································
		⁴ Fingerprint designation
	2	3
,	Signature	
İ	Name of applicant in block letters	Data
		7 Place

В	PARTICULARS OF POLICE OFFICIAL DEALI	NG WITH APP	PLICATION	u l								
8.1		1	· · · · · · · · · · · · · · · · · · ·	8.2		T	TT	Т-	Т			
	Name of police official in block letters]				mber of po	lice officia	al	1-1			
8.3		1		8.4								
	Rank of police official in block letters	1			Signature	of police o	fficial	•••••		•••••		
9	PARTICULARS OF WITNESS]										
9.1]		9.2		П			-			
	Name of witness in block letters	-			Persal nu	mber of wit	ness					
9,3				9.4				•••••				
	Rank of witness in block letters				Signature	of witness				********		
	G. (This section must be completed or	PARTICL by if the applica					rstand (h	e conten	t of this	form.)		
1	Name and surname of interpreter			, ,								
2	identity/Passport number of interpreter										\Box	
3	Residential address						1000000					
5							* P	ostal Co	je		\perp	
	Postal address						6+-					
7	Telephone number 1.1 Home ()			72 Warl	(<u> </u>	ostal Co	16			
3	Celiphone number				11 Fax	()					
•	£-mail:address											
10	interpreted from (language)				to							
				11	Date				Т.		$\overline{}$	
						1	l					
12				13	Place							
	Signature of interpreter											
14				15					-			
	Rank of police official in block letters(if applicable)				Persal nun	nber of polic	ce official	(if appli	cable)		\$0000000	
	H. FOR OFFICIAL USE BY TH	E DESIGNA	ATED FIF	EARN	IS OFFIC	ER/STAT	ION CO	MMIS	SIONE	R		
	REC	OMMENDATI	ON REGA	RDING	THE APPI	LICATION						
	Recommended					Not	recomm	ended				
	Report of inspection on premises					************						
							•••••	••••••				
		•••••		•••••			•••••••	••••••		•••••		
		•••••		•••••		************						
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Additional conditi	ons recommended			
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	***************************************	••••••••••••		
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	***************************************		•••••	

Recommendation	regarding the application			
		······································		
		••••••••••		

		***************************************	•	
	••••••	•		
			••••••	
			6.	Date
Name of Designate	d Firearms Officer/Station Com	reinaleses in black letters		1)21(E) - - -
Maine of Designater	1 Filestine OfficeNatation Com	imissionel in block letters		
"			8	Diese
Pank of Decignated	Firearms Officer/Station Comr	missioner in blook letters		Place
Marik or Designated	Theatins Officer/Station Confi	This stories in block letters		
			10	
Signature of Design	ated Firearms Officer/Station C	:ommissioner		Persal number of Designated Firearms Officer/Station
organical or Design	ace i realing Office/Otation C	JOHN MISSIONES		Commissioner



SOUTH AFRICAN POLICE SERVICE

APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE

OFFICIAL DATE STAMP		L USE BY THE POLICE STA E APPLICATION IS CAPTURI	
	¹ Application reference No		
DATE RECEIVED			
B. FOR OFFICIAL USE BY PO	LICE STATION WHERE THE	APPLICATION IS RECEIVED	
Province			
Area			,
Police station			
Component code			
Firearm applications register reference number	SAPS 86 NO	YEAR	
	BY THE CENTRAL FIREARI	VIS REGISTER (CFR)	
¹ Outstanding/Additional information required			
		•••••	
		-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	•
- * Pe	rsal number		3 Date
⁴ Signature of police official		⁵ Name in block letters	
⁶ Application for new type approved ^{6,1} New fi	rearm type 6.2 New	ammunition type (Indic	ate with an X)
	rsal number		⁸ Date
	Sat intitivati	1- "	Date
⁹ Signature of CFR officer	¹⁰ Officer code	11 Name in block letters	
The state of the s	Trearm type 12.2 New	v ammunition type (Indic	ate with an X)
13 Reason(s) for refusal			
<u> </u>			
			15 -5.4
	itsål number	1-11-1	15 Date
¹⁶ Signature of CFR officer	17 Officer code	18 Name in block letters	

	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	SA ID Non-SA dilizen with permanent residence*
3	Identify number of natural person
6	Surname ⁶ initials
6	Residential address
8	⁷ Postal Code
	Postal address 9 Postai Code
10	1
10.3	Telephone number () "" Work () Celiphone number () " Fax ()
12	S-mail address
13	JURISTIC PERSON'S DETAILS
14	OTHER BODIES
15	Registered company name
16	Trading as name
17	FAR number
18	Company registration or CC number
19	Prestal address
	²⁶ Postal Code
21	Business address
23	22 Postal Code
24	Business telephone number 23.1 Work () 23.2 Fax ()
2-4	E-mail address
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and surname)
27	Type of identification (indicate with an X) SA ID Passport number
28	Identify number of responsible person
29	Passport number of responsible person
30	Celiptione number
31	Physical address
	³² Postal Code
33	Postal address
	Postal Code

[•] Proof of permanent residence must be submitted, if an applicant is not a SA citizen.

	E. DETAIL OF EXISTING LIGENGE Firearm manufacturer licence type (indicate with an X)
1 2 .	To manufacture firearms To manufacture ammunition
3 4 5	Licence number Date issued Expiry date
	F. PARTICULARS OF PROPOSED TYPE OF FIREARM OR AMMUNITION TO BE MANUFACTURED
1	DETAILS OF PROPOSED TYPE OF FIREARM
2 3 4 5	Type Calibre Make Model
6	PURPOSE OF DEVELOPMENT
7	INTENDED MARKET
8	STATE THE SPECIFICATIONS OF THE NEW TYPE OF FIREARM

SAPS 517(d) **DETAILS OF PROPOSED TYPE OF AMMUNITION** Calibre Purpose of development 12 Intended market 13 State the specifications of the new type of ammunition **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. SIGNATURE OF APPLICANT (Stationally) applicable) G.

Name of applicant in block letters

Signature of applicant

		SAPS 517(d)
	H. (This section must be completed only if the appli	cant cannot read or write)
1	Fingerprint designation	Name of applicant in block letters
	5	
	Right index fingerprint of applicant	Place
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
6.1	e.	
	Name of police official in block letters	Persal number of police official
6.3	6.4	
	Rank of police official in block letters	Signature of police official
7	PARTICULARS OF WITNESS	
7.1	7.2	
	Name of witness in block letters	Persal number of witness
7.3	7.4	***************************************
	Rank of witness in block letters	Signature of witness
	PARTICULARS OF INT (This section must be completed only if the applicant cannot read or	ERPRETER welle or does not understand the contents of this form.)
1	Name and surname of interpreter	
2	Identity/Passport number of interpreter	
3	Residential address	
5		* Postal Code
•	Postal address	⁶ Postal Code
7	Telephone number 7.1 Home ()	7.2 Work ()
8	Celliphone number	9 Fax ()
10	E-mail address	
11	interpreted from (language)	to
	12	Date
13	Signature of interpreter	Place
15	11	
	Rank of police official in block letters (if applicable)	Persal number of police official (if applicable)

J. FOR OFFICIAL USE BY TI			
REC	COMMENDATION REGA	RDING	G THE APPLICATION
Recommended			Nat recommended
Recommendation regarding the application			
7 7	8		

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Recommended conditions			
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	•••••	••••••	
		•••••	

		5	Date
ame of Designated Firearms Officer/Station Comm	nissioner in block letters		
		7	Place
ank of Designated Firearms Officer/Station Comm	nissioner in block letters		
		9	
		-	1 1 1 1 1 1 1 1 1



APPLICATION FOR RENEWAL OF LICENCE(S) IN TERMS OF THE PREVIOUS ACT

(Transitional provisions)

OFFICIAL DATE STAMP	A. FOR OFFICIAL WHERE THE	USE BY THE POLICE STATION APPLICATION IS CAPTURED	
	¹ Application reference No		
	•	-	
DATE RECEIVED			
B. FOR OFFICIAL USE BY PO	LICE STATION WHERE THE A	PPLICATION IS RECEIVED	
riqu±iqe Area			
Police station			
Component code			
Firearm applications register reference number	SAPS 86 NO	YEAR	
c. FOR OFF	ICIAL USE BY THE DECIDING	OFFICER	
[†] Outstanding/Additional information required			
	·····		
	rsal number	-	ate
Signature of police official Application for licence approved (Indicate with an X)		Name in block letters	
Abhication to accuse abhicons (minero am any)			
- 7Pe	rsal number		ale
			 1
⁹ Signature of deciding officer	10 Officer code	11 Name in block letters	
12 Application for licence refused (indicate with an X)	13 Reason(s) for re	fusal	
	rset number		Date
	rsecontrol	- -	
16 Signature of deciding officer	¹⁷ Officer code	18 Name in block letters	

	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	SA ID Passport
3	Identity number of natural person:
4	Passport number of natural person.
5	Surname fi frillals
.7	Residential address
	* Postal Code
9	Postal address
11	10 Postal Code
11.3	Telephone number 51.1 Home () 11.5 Work ()
13	Celliphone number **E Fax () E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company name
17	Trading as name
18	FAR number
19 20	Company registration of CC number
20	Postal address
22	Postel Code Business address
	23 Poetal Code
24	Business telephone number 24.1 Work () 24.2 Fax ()
25	E-mail add/ess
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible parson (full name and surname)
28	Type of identification (Indicate with an X) SA IB Passport number
29	Identify number of responsible person
30	Passport-number of responsible person
31	Celiphone number
32	Physical address
34	· 33 Postal Code
	Postal address 25 Postal Code