

SAPS 517(a)



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)

<p align="center">OFFICIAL DATE STAMP</p> <p align="center">DATE RECEIVED</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="left" colspan="12" style="padding: 2px;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</th> </tr> <tr> <td style="width: 25%;">1 Application reference No</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="left" colspan="12" style="padding: 2px;">B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED</th> </tr> <tr> <td style="width: 30%;">Province</td> <td colspan="9"></td> </tr> <tr> <td>Area</td> <td colspan="9"></td> </tr> <tr> <td>Police station</td> <td colspan="9"></td> </tr> <tr> <td>Component code</td> <td colspan="9"></td> </tr> <tr> <td>Firearm applications register reference number</td> <td>SAPS #6</td> <td>NO</td> <td colspan="6"></td> <td>YEAR</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="left" colspan="12" style="padding: 2px;">C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)</th> </tr> <tr> <td colspan="12" style="padding: 2px;">1 Outstanding/Additional information required</td> </tr> <tr><td colspan="12" style="height: 20px;"></td></tr> <tr><td colspan="12" style="height: 20px;"></td></tr> <tr><td colspan="12" style="height: 20px;"></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>-</td><td></td> <td colspan="3" style="text-align: center;">2 Persal number</td> <td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td> <td colspan="2" style="text-align: center;">3 Date</td> </tr> <tr> <td colspan="12" style="height: 40px; vertical-align: bottom;"> 4 Signature of police official </td> <td colspan="6" style="height: 40px; vertical-align: bottom;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> 5 Name in block letters </td> </tr> <tr> <td colspan="12" style="padding: 2px;">6 Application for a further competency certificate approved (Indicate with an X)</td> <td colspan="2"></td> <td colspan="8"></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>-</td> <td colspan="3" style="text-align: center;">7 Persal number</td> <td></td><td></td><td></td><td></td><td></td><td>-</td> <td></td><td></td><td></td><td></td><td></td> <td colspan="2" style="text-align: center;">8 Date</td> </tr> <tr> <td colspan="12" style="height: 40px; vertical-align: bottom;"> 9 Signature of CFR officer </td> <td colspan="2" style="height: 40px; vertical-align: bottom;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> 10 Officer code </td> <td colspan="6" style="height: 40px; vertical-align: bottom;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> 11 Name in block letters </td> </tr> <tr> <td colspan="12" style="padding: 2px;">12 Application for a further competency certificate refused (Indicate with an X)</td> <td colspan="2"></td> <td colspan="8" style="padding: 2px;">13 Reason(s) for refusal</td> </tr> <tr><td colspan="12" style="height: 20px;"></td></tr> <tr><td colspan="12" style="height: 20px;"></td></tr> <tr><td colspan="12" style="height: 20px;"></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>-</td> <td colspan="3" style="text-align: center;">14 Persal number</td> <td></td><td></td><td></td><td></td><td></td><td>-</td> <td></td><td></td><td></td><td></td><td></td> <td colspan="2" style="text-align: center;">15 Date</td> </tr> <tr> <td colspan="12" style="height: 40px; vertical-align: bottom;"> 16 Signature of CFR officer </td> <td colspan="2" style="height: 40px; vertical-align: bottom;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> 17 Officer code </td> <td colspan="6" style="height: 40px; vertical-align: bottom;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> 18 Name in block letters </td> </tr> </table>	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 THE APPLICATION IS RECEIVED												Province										Area										Police station										Component code										Firearm applications register reference number	SAPS #6	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												<div style="border: 1px solid black; width: 100%; height: 20px;"></div> 5 Name in block letters						6 Application for a further competency certificate approved (Indicate with an X)																												-	7 Persal number								-						8 Date	 9 Signature of CFR officer												<div style="border: 1px solid black; width: 30px; height: 20px;"></div> 10 Officer code		<div style="border: 1px solid black; width: 100%; height: 20px;"></div> 11 Name in block letters						12 Application for a further competency certificate refused (Indicate with an X)														13 Reason(s) for refusal																																																		-	14 Persal number								-						15 Date	 16 Signature of CFR officer												<div style="border: 1px solid black; width: 30px; height: 20px;"></div> 17 Officer code		<div style="border: 1px solid black; width: 100%; height: 20px;"></div> 18 Name in block letters					
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 THE APPLICATION IS RECEIVED																																																																																																																																																																																																																																																																																																																																																																		
Province																																																																																																																																																																																																																																																																																																																																																																		
Area																																																																																																																																																																																																																																																																																																																																																																		
Police station																																																																																																																																																																																																																																																																																																																																																																		
Component code																																																																																																																																																																																																																																																																																																																																																																		
Firearm applications register reference number	SAPS #6	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												<div style="border: 1px solid black; width: 100%; height: 20px;"></div> 5 Name in block letters																																																																																																																																																																																																																																																																																																																																																						
6 Application for a further competency certificate approved (Indicate with an X)																																																																																																																																																																																																																																																																																																																																																																		
						-	7 Persal number								-						8 Date																																																																																																																																																																																																																																																																																																																																													
..... 9 Signature of CFR officer												<div style="border: 1px solid black; width: 30px; height: 20px;"></div> 10 Officer code		<div style="border: 1px solid black; width: 100%; height: 20px;"></div> 11 Name in block letters																																																																																																																																																																																																																																																																																																																																																				
12 Application for a further competency certificate refused (Indicate with an X)														13 Reason(s) for refusal																																																																																																																																																																																																																																																																																																																																																				
						-	14 Persal number								-						15 Date																																																																																																																																																																																																																																																																																																																																													
..... 16 Signature of CFR officer												<div style="border: 1px solid black; width: 30px; height: 20px;"></div> 17 Officer code		<div style="border: 1px solid black; width: 100%; height: 20px;"></div> 18 Name in block letters																																																																																																																																																																																																																																																																																																																																																				

SAPS 517(a)

D. TYPE OF FURTHER 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 X)	
		Handgun	
		Rifle	
		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	
4	Surname	5 Initials
6	Full names	
7	Residential address	
		8 Postal Code
9	Postal address	
		10 Postal Code
11	Telephone number	11.1 Home () 11.2 Work ()
11.3	Cellphone number	12 Fax ()
13	E-mail address	
14	Trade or profession	15 If self-employed, specify
16	Name of employer/company	
17	Business address	
		16 Postal Code
19	Telephone number	19.1 Home () 19.2 Work ()
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	4 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	8 Date joined

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

SAPS 517(a)

9

OTHER INFORMATION

10

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE, COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?

(Indicate with an X)

10.1

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

10.3

Police station ⁽¹⁾

10.2 CAS/Case number

Charge

Outcome

10.5

Police station ⁽²⁾

10.6 CAS/Case number

Charge

Outcome

11

ARE THERE ANY CASES PENDING AGAINST YOU?

(Indicate with an X)

11.1

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

Police station ⁽¹⁾

11.2 CAS/Case number

Offence

11.4

Police station ⁽²⁾

11.5 CAS/Case number

Offence

12

HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?

(Indicate with an X)

12.1

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

Police station ⁽¹⁾

12.2 CAS/Case number

12.3

Circumstances

12.7

Details of firearm

12.5

Police station ⁽²⁾

12.6 CAS/Case number

12.7

Circumstances

12.9

Details of firearm

13

WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?

(Indicate with an X)

13.1

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

Police station ⁽¹⁾

13.2 CAS/Case number

13.3

Charge

13.4 Outcome

13.5

Police station ⁽²⁾

13.6 CAS/Case number

13.7

Charge

13.8 Outcome

14

HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?

(Indicate with an X)

14.1

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

Police station ⁽¹⁾

14.2 CAS/Case number

14.3

Charge

14.4

Date from

14.5 Period

14.6

Police station ⁽²⁾

14.7 CAS/Case number

14.8

Charge

14.9

Date from

14.10 Period

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.

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

•

⁴ Fingerprint designation

3

5

Name of applicant in block letters

[illegible]

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

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

8.1
Name of police official in block letters

8.3
Rank of police official in block letters

9 **PARTICULARS OF WITNESS**

9.1
Name of witness in block letters

9.3
Rank of witness in block letters

8.2

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

Persal number of police official

8.4
.....
Signature of police official

9.2

--	--	--	--	--

Persal number of witness

9.4
.....
Signature of witness

SAPS 517(a)

H. 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	Postal address																			
7	Telephone number	7.1 Home	()	7.2 Work	()															
8	Cellphone number				8 Fax	()														
10	E-mail address																			
11	Interpreted from (language)					to														
12	Date																			
13	Signature of interpreter																			
14	Place																			
15	Rank of police official in block letters(if applicable)																			
16	Personal number of police official(if applicable)																			

I. PARENTAL CONSENT IN CASE OF A MINOR

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

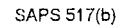
Name and surname of parent/guardian	
Identity/Passport number of parent/guardian	
Comment of parent/guardian	

Date					-			-		
Place										

Signature of parent/guardian

SAPS 517(a)

RECOMMENDATION (To be completed by the Designated Firearms Officer/Station Commissioner)	
RECOMMENDATION REGARDING THE APPLICATION	
Recommended	Not recommended
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Motivation</div> <div style="border: 1px solid black; height: 400px; margin-top: 5px;"></div>	
<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> Name of Designated Firearms Officer in block letters	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> Date
<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> Rank of Designated Firearms Officer in block letters	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> Place
<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> Signature of Designated Firearms Officer	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> Persal number of Designated Firearms Officer



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

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 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. PARTICULARS OF LICENCE, PERMIT OR AUTHORIZATION			
TYPE OF LICENCE, PERMIT OR AUTHORIZATION (Indicate with an X)			
1	Competency certificate	3	Licence issued to particular categories of persons
1.1	To trade in firearms	3.1	Licence to deal in firearms and ammunition
1.2	To manufacture firearms	3.2	Licence to manufacture firearms and ammunition
1.3	To conduct business as a gunsmith	3.3	Licence to conduct business as a gunsmith
1.4	To possess a firearm	4	Permits
2	Licences	4.1	Permit to possess ammunition in a private collection
2.1	Licence to possess a firearm for self-defence	4.2	Permit to possess ammunition in a public collection
2.2	Licence to possess a restricted firearm for self-defence	4.3	Import permit
2.3	Licence to possess a firearm for occasional hunting and sports shooting	4.4	Export permit
2.4	Licence to possess a firearm for dedicated hunting and dedicated sports shooting	4.5	Transporter's permit
2.5	Licence to possess a firearm in a private collection	4.6	In-transit permit
2.6	Licence to possess a firearm in a public collection (museums)	4.7	Multiple import and export permit
2.7	Licence to possess a firearm for business purposes; Business in hunting	4.8	Temporary Import-/export permit
2.8	Licence to possess a firearm for business purposes; Other business purposes		

Page 1 of 5

SAPS 517(b)

5	Authorizations	6.4	To provide security services for its own business
5.1	Temporary authorization to possess a firearm	6.5	As a sports shooting and/or hunting association
5.2	Temporary authorization to trade in firearms and ammunition	6.6	As a collectors' association
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 ammunition
6	Accreditation	6.9	As a game rancher
6.1	As a shooting range	6.10	As an official institution
6.2	To provide training	6.11	To provide firearms for use in theatrical, film or television productions
6.3	To conduct business in hunting		

7	State reason for the application for a duplicate licence (Indicate with an X)		Lost		Stolen		Defaced	
7.1	Other reason(s)							

8	Particulars of original licence, permit or authorization		
	Licence, permit or authorization number	Date issued	Expiry date
8.1			
8.2			
8.3			
8.4			

9	Did you report the loss of your licence, permit or authorization at your nearest police station within 24 hours?		
	YES		NO
	If no, submit reason why the loss of your licence, permit or authorization was not reported		
9.1	Reason(s)		
9.2	If yes, submit the following details		
9.2.1	Police station where the loss/theft of your licence, permit or authorization was reported		
9.2.2	Notification reference number		

10	DETAILS OF FIREARM			
	In case of a licence, temporary authorization to possess a firearm or an import/export permit the following particulars must be submitted			

		(1)	(2)	(3)	(4)
10.1	Type				
10.2	Calibre				
10.3	Make				
10.4	Model				

SAPS 517(b)

Firearm component type:

13.5	Barrel serial number				
13.6	Frame serial number				
13.7	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	Identity number of natural person			
2	Passport number of natural person			
3	Surname		4 Initials	
5	Residential address			
		6 Postal Code		
7	Postal address			
		6 Postal Code		
9	Telephone number	9.1 Home	()	9.2 Work
9.3	Cellphone number			10 Fax
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				
		18 Postal Code			
19	Business address				
		20 Postal Code			
21	Business telephone number	21.1 Work	()	21.2 Fax	()
22	E-mail address				

23 RESPONSIBLE PERSON'S DETAILS

24	Responsible person (full name and surname)				
25	Type of identification (indicate with an X)	SA ID		Passport number	
26	Identity number of responsible person				
27	Passport number of responsible person				
28	Cellphone number				
29	Physical address				
		30 Postal Code			

SAPS 517(b)

31	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.

E. 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

4 Fingerprint designation

3

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

SAPS 517(b)

F. 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	
		4 Postal Code
5	Postal address	
		6 Postal Code
7	Telephone number	7.1 Home ()
		7.2 Work ()
8	Cellphone number	8 Fax ()
10	E-mail address	
11	Interpreted from (language)	to
12	Date	
13	Signature of interpreter	
14	Place	
15	Rank of police official in block letters (if applicable)	
16	Persal number of police official (if applicable)	
G. 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	



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)

<p align="center">OFFICIAL DATE STAMP</p> <p align="center">DATE RECEIVED</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="left" colspan="12" style="padding: 2px;">A.</th> </tr> <tr> <th align="center" colspan="12" style="padding: 2px;">FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</th> </tr> <tr> <td style="padding: 2px;">1 Application reference No</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	A.												FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED												1 Application reference No											
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 THE APPLICATION IS RECEIVED											
Province											
Area											
Police station											
Component code											
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										<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> 5 Name in block letters			
6 Application for licence approved (indicate with an X) <input type="checkbox"/>													
								7 Persal number					
								8 Date					
..... 9 Signature of CFR officer										<div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> 10 Officer code		<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> 11 Name in block letters	
12 Application for licence refused (indicate with an X) <input type="checkbox"/> 13 Reason(s) for refusal													
								14 Persal number					
								15 Date					
..... 16 Signature of CFR officer										<div style="border: 1px solid black; width: 50px; height: 20px; margin-bottom: 5px;"></div> 17 Officer code		<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> 18 Name in block letters	

SAPS 517(c)

D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH

Details of competency certificate

Type of competency certificate																	
Competency certificate number																	
Date issued				-		-		⁶ Expiry date				-		-			

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 ammunition	
6.3	To manufacture firearms	
6.4	To manufacture ammunition	
6.5	To conduct business as a gunsmith	

E. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

[illegible]

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	CG or company registration no.	

RESPONSIBLE PERSON'S DETAILS

21	Responsible person (full name and surname)																				
22	Type of identification (indicate with an X)								SA ID				Passport number								
23	Identify number of responsible person												-				-			-	
24	Passport number of responsible person																				
25	Cellphone number																				

SAPS 517(c)

26	Physical address				
		27 Postal Code			
28	Postal address				
		28 Postal Code			

30 **PROOF SIGNATURES OF RESPONSIBLE PERSON**

31
Signature of responsible person

32
Signature of responsible person

33 **DETAILS OF PREMISES**

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	
39	DESCRIBE THE BURGLAR PROOFING	

SAPS 517(c)

40

DESCRIBE OTHER SECURITY FEATURES

41

* DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION THAT LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS OR MANUFACTURERS DATABASE * THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALERS OR GUNSMITHS FROM THIS DUTY
Submit a description of the workstation which will link your registers to the Central Database In case of a dealer or a gunsmith, submit the reason(s) why the Registrar must exempt you from maintaining a linked workstation

42

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 Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F. **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

4

5

Name of applicant in block letters

6

Date

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

7

Place

8.4

Signature of police official

9 PARTICULARS OF WITNESS

9.4 _____
Signature of witness

G. 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.)

11	Date					-			-		
----	------	--	--	--	--	---	--	--	---	--	--

13	Place	
----	-------	--

15

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

 -

Persal number of police official (if applicable)

H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

[illegible]

SAPS 517(c)

3	Additional conditions recommended	
4	Recommendation regarding the application	
5	Name of Designated Firearms Officer/Station Commissioner in block letters	
6	Date	
7	Rank of Designated Firearms Officer/Station Commissioner in block letters	
8	Place	
9	Signature of Designated Firearms Officer/Station Commissioner	
10	Personal number of Designated Firearms Officer/Station Commissioner	

APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE

Page 1 of 6

SAPS 517(d)

E. DETAIL OF EXISTING LICENCE	
Firearm manufacturer licence type (indicate with an X)	
1	To manufacture firearms
2	To manufacture ammunition
3	Licence number
4	Date issued
5	Expiry date
F. PARTICULARS OF PROPOSED TYPE OF FIREARM OR AMMUNITION TO BE MANUFACTURED	
1	DETAILS OF PROPOSED TYPE OF FIREARM
2	Type
3	Calibre
4	Make
5	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

Intended market

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 (Sign only if applicable)

1

Name of applicant in block letters

2

Date _____

3

.....
Signature of applicant

4

Page

H. (This section must be completed only if the applicant cannot read or write)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; height: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 10px;"></div> </div> <div style="width: 50%;"> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>	<div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>
<div style="border: 1px solid black; padding: 5px; text-align: center;">PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION</div>	
<div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>	<div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>
<div style="border: 1px solid black; padding: 5px; text-align: center;">PARTICULARS OF WITNESS</div>	
<div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>	<div style="margin-bottom: 10px;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>
I. PARTICULARS OF INTERPRETER (This section must be completed only if the applicant cannot read or write or does not understand the contents of this form.)	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> </div></div></div>	

SAPS 517(d)

J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER	
1	RECOMMENDATION REGARDING THE APPLICATION
	<div style="display: flex; justify-content: space-between;"> Recommended Not recommended </div>
2	<div style="background-color: #cccccc; padding: 2px; margin-bottom: 5px;">Recommendation regarding the application</div> <div style="border-bottom: 1px dotted black; height: 300px;"></div>
3	<div style="background-color: #cccccc; padding: 2px; margin-bottom: 5px;">Recommended conditions</div> <div style="border-bottom: 1px dotted black; height: 300px;"></div>
4	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>
	Name of Designated Firearms Officer/Station Commissioner in block letters
5	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>
	Rank of Designated Firearms Officer/Station Commissioner in block letters
6	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>
	Date
7	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>
	Place
8	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>
	Signature of Designated Firearms Officer/Station Commissioner
9	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; height: 20px;"></div>
	Personal number of Designated Firearms Officer/Station Commissioner

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

(Transitional provisions)

[illegible]

D.	PARTICULARS OF APPLICANT
----	--------------------------

SA ID		Passport																						
Identity number of natural person											-							-			-			
Passport number of natural person																								
Surname																		⁸ Initials						
Residential address																								
																			⁹ Postal Code					
Postal address																								
																			¹⁰ Postal Code					
Telephone number		^{11.1} Home	()	^{11.2} Work		()																		
Cellphone number						¹² Fax	()																	
E-mail address																								

OTHER BODIES

Registered company name																													
Trading as name																													
FAR number																													
Company registration or CC number																													
Postal address																								21 Postal Code					
Business address																								23 Postal Code					
Business telephone number	24.1 Work	()					24.2 Fax	()																					
E-mail address																													

Responsible person (full name and surname)																			
Type of identification (indicate with an X)	SA ID								Passport number										
Identify number of responsible person							-						-				-		
Passport number of responsible person																			
Cellphone number																			
Physical address																			
									** Postal Code										
Postal address																			
									** Postal Code										