

[illegible]

SAPS 517(e)

3

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

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

Persal 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

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

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

Page 5 of 6

SAPS 517(e)

3

[illegible]

4

Name of Designated Firearms Officer/Station Commissioner in block letters

5

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

6

Rank of Designated Firearms Officer/Station Commissioner in block letters

7

Place	
-------	--

B

.....
Signature of Designated Firearms Officer/Station Commissioner

g

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

Persal number of Designated Firearms Officer/Station Commissioner

APPLICATION TO DECLARE PREMISES A FIREARM FREE ZONE

OFFICIAL DATE STAMP

DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED							
¹ Province							
² Area							
³ Police station							
⁴ Component code							
⁵ SAPS 86 reference No.							

[illegible]

C.	<p>APPLICATION TO DECLARE PREMISES FIREARM FREE ZONE Section 140 of the Firearms Control Act, 2000 (Act No 60 of 2000)</p>
----	--

1	Name of institution	
2	Name of person applying on behalf of the institution	
3	SA ID	(Indicate with an X)
4	identity number	
5	Passport number	
6	Capacity of person applying	
7	Names and surnames of persons on the safety team	

SAPS 517(f)

8	Physical address of institution			9 Postal Code				
10	Postal address of institution			11 Postal Code				
12	Temporary safe keeping facilities for firearms available (indicate with an X)			YES		NO		
13	If yes, submit a description of the safekeeping facilities							
14	Motivation regarding the application							
15	Contact particulars of person applying							
15.1	Emergency telephone No	()		15.2 Fax	()			
16	Cellphone number							
17	E-mail address							
18	Conditions <ul style="list-style-type: none"> - The premises declared a Firearm Free Zone must be clearly identified and demarcated. - Signs must be erected/posted at all the main entrances to the premises in English and where applicable in the predominant local language and maintained. - A map of the premises which already specify the demarcated area and sign must be attached to the application. - The institution where premises are declared Firearm Free Zone must endeavour to mark all correspondence accordingly to reflect the premises firearm free status. - The person applying on behalf of the Institution must notify the Designated Firearms Officer responsible for the area of any changes that may occur to any information submitted in this application. 							
19	<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> Name of applicant in block letters		20	<div style="border: 1px solid black; display: inline-block; padding: 2px;">Date</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; margin-left: 5px;"></div>				
21	Signature of applicant		22	<div style="border: 1px solid black; display: inline-block; padding: 2px;">Place</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; margin-left: 5px;"></div>				

[illegible]

SAPS 517(f)

2 **Recommendation**

.....

.....

.....

.....

.....

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.....

.....

3

Name of Designated Firearms Officer in block letters

4 **Date**

5

Rank of Designated Firearms Officer

6 **Place**

7

Signature of Designated Firearms Officer

8

Persal number of Designated Firearms Officer

E. RECOMMENDATION OF STATION COMMISSIONER

1

.....

.....

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.....

.....

.....

2

Name of Station Commissioner in block letters

3 **Date**

4

Rank of Station Commissioner in block letters

5 **Place**

6

Signature of Station Commissioner

7

Persal number of Station Commissioner

F. RECOMMENDATION BY PROVINCIAL COMMISSIONER

1

.....

.....

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.....

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.....

.....

2

Name of Provincial Commissioner in block letters

3 **Date**

4

Signature of Provincial Commissioner

5 **Place**

SAPS 517(f)

G.	RECOMMENDATION BY NATIONAL COMMISSIONER

Name of National Commissioner in block letters

3	Date					-		-		
---	------	--	--	--	--	---	--	---	--	--

Signature of National Commissioner

5	Place	
---	-------	--

[illegible]

Name of Secretary of Safety and Security in block letters

3	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

Signature of Secretary of Safety and Security

5	Place	
---	-------	--

[illegible]

2	Date					-		-		
---	------	--	--	--	--	---	--	---	--	--

.....
Signature of Minister of Safety and Security

4	Place	
---	-------	--

This document should be in triplicate as one should go to the applicant, one should stay with the station for record purposes and one should be forwarded to Head Office for further processing of the Firearm Free Zone declaration.

APPLICATION FOR A TEMPORARY AUTHORIZATION 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							

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	<div>SAPS #6</div> <div>NO</div> <div>YEAR</div>

C.		FOR OFFICIAL USE BY THE DECIDING OFFICER															
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40%;">1 Outstanding/Additional information required</div>																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">2 Persal number</td> <td style="width: 25%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">3 Date</td> </tr> </table>														-	2 Persal number	-	3 Date
-	2 Persal number	-	3 Date														
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-top: 1px dotted black; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30%;">4 Signature of police official</div> </div> <div style="width: 50%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;">5 Name in block letters</div> </div> </div>																	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 55%;">6 Application for a temporary authorization approved (Indicate with an X)</div>																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">7 Persal number</td> <td style="width: 25%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">8 Date</td> </tr> </table>														-	7 Persal number	-	8 Date
-	7 Persal number	-	8 Date														
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border-top: 1px dotted black; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20%;">9 Signature of deciding officer</div> </div> <div style="width: 10%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">10 Officer code</div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;">11 Name in block letters</div> </div> </div>																	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 55%;">12 Application for a temporary authorization refused (Indicate with an X)</div>																	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40%;">13 Reason(s) for refusal</div>																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">14 Persal number</td> <td style="width: 25%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; text-align: center;">15 Date</td> </tr> </table>														-	14 Persal number	-	15 Date
-	14 Persal number	-	15 Date														
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border-top: 1px dotted black; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20%;">16 Signature of deciding officer</div> </div> <div style="width: 10%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">17 Officer code</div> </div> <div style="width: 45%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;">18 Name in block letters</div> </div> </div>																	

D. **DESCRIPTION OF FIREARM** (Indicate with an X):

2 **DETAILS OF FIREARM** (Indicate with an X)

13 Every name and address engraved in the metal

E.	PARTICULARS OF PERSON IN POSSESSION OF FIREARM

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

Page 2 of 8

I hereby declare that the above firearm is legally in my possession and that I propose to supply it to the applicant once the necessary authorization has been obtained and that the particulars of the firearm is correct and accurate.

32		33	Date					-		-		
	Name of person currently in possession in block letters											
34		35	Place									
	Signature of person currently in possession											

1 NATURAL PERSON'S DETAILS

2	SA ID		Passport																				
3	Identify number of natural person									-					-			-					
4	Passport number of natural person																						
5	Surname											⁶ initials											
7	Full names																						
8	Date of birth					-				-			⁹ Age				¹⁰ Gender	Male	Female				
11	Residential address																						
																	¹² Postal Code						
13	Postal address																						
																	¹⁴ Postal Code						
15	Type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)																						
16	Trade or profession											¹⁷ If self-employed, specify											
18	Name of employer/company																						
19	Business address																						
																	²⁰ Postal Code						
21	Telephone number	^{21.1} Home		()										^{21.2} Work		()							
21.3	Cellphone number											²² Fax		()									
23	E-mail address																						

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24 JURISTIC PERSON'S DETAILS

25	Registered company name																		
26	Trading as name																		
27	FAR number																		
28	Postal address																		
														29 Postal Code					
30	Business address																		
														31 Postal Code					
32	Business telephone number	32.1 Work	()	32.2 Fax	()										
33	E-mail address																		
34	Responsible person (full name and surname)																		
35	Type of identification (indicate with an X)					SA ID					Passport number								
36	Identity number of responsible person									-						-			
37	Passport number of responsible person																		
38	Cellphone number																		
39	Physical address																		
														40 Postal Code					
41	Postal address																		
														42 Postal Code					

G. OTHER DETAILS

1	Period for which authorization is required	FROM	Date					-			-		
		TO	Date					-			-		

2	Motivation of purpose for which the firearm is required															

3	HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE, COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)																
	YES		NO		If yes, submit the following details												
3.1	Police station (1)											3.2 CAS/Case number					
3.3	Charge																
3.4	Outcome																
3.5	Police station (2)											3.6 CAS/Case number					
3.7	Charge																
3.8	Outcome																

4	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
4.1	Police station ⁽¹⁾	4.2 CAS/Case number	
4.3	Offence		
4.4	Police station ⁽²⁾	4.5 CAS/Case number	
4.6	Offence		

5	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
5.1	Police station ⁽¹⁾	5.2 CAS/Case number	
5.3	Circumstances		
5.7	Details of firearm		
5.5	Police station ⁽²⁾	5.6 CAS/Case number	
5.7	Circumstances		
5.8	Details of firearm		

6 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)			
YES		NO	
		If yes, submit the following details	
6.1	Police station ⁽¹⁾	6.2 CAS/Case number	
6.3	Charge		
6.4	Date from	6.5 Period	
6.6	Police station ⁽²⁾	6.7 CAS/Case number	
6.8	Charge		
6.9	Date from	6.10 Period	

7	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)									
	YES		<input type="checkbox"/>	NO		<input type="checkbox"/>				
7.1	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"/>								
8	IS SAFE MOUNTED? (Indicate with an X)									
	YES		<input type="checkbox"/>	NO		<input type="checkbox"/>				
8.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)									
	Wall	<input type="checkbox"/>	Floor		<input type="checkbox"/>					

9

Provide proof of previous experience in the handling of firearms or previous training in firearms.

10

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.
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- 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

Persal 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

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

1.

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

12	Date					-			-		
----	------	--	--	--	--	---	--	--	---	--	--

14	Place	
----	-------	--

16

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

Personal number of police official(if applicable)

4. 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	
---	-------	--

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

1 **RECOMMENDATION REGARDING THE APPLICATION** (Indicate with X)

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

2.1	Motivation

SAPS 518

2.2

Recommended conditions

3

Name of Designated Firearms Officer/Station Commissioner in block letters

5

Rank of Designated Firearms Officer/Station Commissioner in block letters

7

Signature of Designated Firearms Officer/Station Commissioner

4

Date _____

6

Place

8

Personal number of Designated Firearms Officer/Station Commissioner

CONTINUES ON PAGE 170—PART 2



Government Gazette

REPUBLIC OF SOUTH AFRICA

Regulation Gazette

No. 7926

Vol. 465

Pretoria

26

March

2004

No. 26156

PART 2 OF 4



AIDS HELPLINE: 0800-0123-22 Prevention is the cure



SOUTH AFRICAN POLICE SERVICE

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

Section 24, 35, 49 and 63 of the Firearm 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 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 number	SAPS 86	NO	YEAR

G.	TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with an X)
----	--

1	Licences		2.1	Licence to deal in firearms and ammunition	
1.1	Licence to possess a firearm for self-defence		2.2	Licence to manufacture firearms and ammunition	
1.2	Licence to possess a restricted firearm for self-defence		2.3	Licence to conduct business as a gunsmith	
1.3	Licence to possess a firearm for security officer purposes		3	Permits	
1.4	Licence to possess a firearm for occasional hunting and sports shooting		3.1	Permit to possess ammunition in a private collection	
1.5	Licence to possess a firearm for dedicated hunting and dedicated sports shooting		3.2	Permit to possess ammunition in a public collection	
1.6	Licence to possess a firearm in a private collection		3.3	Import permit	
1.7	Licence to possess a firearm in a public collection (museums)		3.4	Export permit	
1.8	Licence to possess a firearm for business purposes: Business in hunting		3.5	In-transit permit	
1.9	Licence to possess a firearm for business purposes: Other business purposes		3.6	Multiple import and export permit	
2	Licence issued to particular categories of persons		3.7	Temporary import/export permit	

SAPS 518(a)

Details of original licence, permit, certificate or authorization		
Licence, permit, certificate or authorization number	Date issued	Expiry date

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identity number of natural person					
4	Passport number of natural person					
5	Surname				6 Initials	
7	Full name					
8	Residential address					
					9 Postal Code	
10	Postal address					
					11 Postal Code	
12	Business telephone number	12.1 Home	()	12.2 Work	()	
12.3	Cellphone number			13 Fax	()	
14	E-mail address					

15 JURISTIC PERSON'S DETAILS

16 OTHER BODIES

17	Registered company name					
18	Trading as name					
19	FAR number					
20	Postal address					
					21 Postal Code	
22	Business address					
					23 Postal Code	
24	Business telephone number	24.1 Work	()	24.2 Fax	()	
25	E-mail address					

26 RESPONSIBLE PERSON'S DETAILS

27	Responsible person (full names and surname)					
28	Type of identification (Indicate with an X)	SA ID	<input type="checkbox"/>	Passport number	<input type="checkbox"/>	
29	Identity number of responsible person					
30	Passport number of responsible person					

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

SAPS 518(a)

31	Telephone number				
32	Physical address				
		33 Postal Code			
34	Postal address				
		35 Postal Code			

36 **OTHER INFORMATION** (Indicate with an X)

37	WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING LICENCE? IF NO, SUBMIT THE REASON (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)
38	WAS YOUR APPLICATION HANDED IN AFTER THE DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)
39	WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)

40 **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 518(a)

E. SIGNATURE OF APPLICANT (Sign only if applicable)

Note:

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- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
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- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.

PHOTO

2

Signature

3

⁴ Fingerprint
designation

4

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

Persal 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

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

F. 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.)

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

14	Place	
----	-------	--

15		
----	--	--

Rank of police official in block letters (if applicable)

16																			
----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Personal number of police official (if applicable)

1	Name and surname of nominee/authorized person	
2	Identity/Passport number of nominee/authorized person	
3	Date	
4	Signature of nominee/authorized person	
5	Place	

1	RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)	
2	Recommended	Not recommended
2.1	Motivation regarding the application	
2.2	Report regarding the physical inspection of the applicant's safeguarding facilities	

Page 5 of 5