

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A COMPETENCY CERTIFICATE

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

OFFICIAL DATE STAMP		CIAL USE BY THE POLICE STATION THE APPLICATION IS CAPTURED	
DATE RECEIVED			
B. FOR OFFICIAL USE BY THE I Province Area Police station	POLICE STATION WHERE T	HE APPLICATION IS RECEIVED	
Component code Firearm applications register reference No	SAPS 86 NO	YEAR	
Outstanding/Additional information required	BY THE CENTRAL FIREAL	RMS REGISTER (CFR)	
4 Signature of police official		5	
Application for competency certificate approved (Indicate with an X)	⁵ Name in block letters	
- T. Per	Sat number	Date	
⁹ Signature of CFR officer 12 Application for competency certificate refused (ii	10 Officer code	11 Name in block letters 13 Reason(s) for refusal	J
	rsal number	15 Date	
¹⁶ Signature of CFR officer	¹⁷ Officer code	¹⁸ Name in block letters	

	D. TYPE OF COMPETENCY CERTIFICATE (Indicate with an X)
1	A To trade in firearms
2	8 To manufacture firearms
3	C To conduct business as a gunsmith
.4	D To possess a firearm (indicate with an X)
	Handgun Rifle Shatgun
	E. PARTICULARS OF APPLICANT
1	TYPE OF CITIZENSHIP (Indicate with an X)
1.1	SA cilizen Non-SA citizen with permanent residence*
2	Identity number of applicant
,3	Sumame f Initials
5	Full names
6	Age 7 Gender Male Female (Indicate with an X)
9	Date of birth - -
	Residential address 10 Pastal Code
11	Postal address
	12 Postal Code
13	Description of type of residence (eg shack, flat, caravan, cottage; house, hostel or homeless)
14	Trade or profession 15 If self-employed, specify
17	Name of employer/company
	Business address 19 Postal Gode
15	Telephone number () () ()
19.3	Ceiliphone number 20 Fax ()
21	E-mail address
22	Marital status (Indicate with an X)
22.1	Single Married Divorced Widow Wildower
	Other (specify)
23	
	PARTICULARS OF SPOUSE/PARTNER (If applicable)
23.1	Type of identification (Indicate with an X)
23,1.1	SA ID Passpot
23.2	tdentity number of spouse/partner
23.3	Passport number of spouse/partner

	PLICATION FOR A COMPETENCY CERTIFICATE TO TRADE IN FIREARMS AND/OR UNITION, OR TO MANUFACTURE FIREARMS AND/OR AMMUNITION, OR TO CONDUCT BUSINESS AS A GUNSMITH (THIS APPLIES TO FIREARM DEALERS, MANUFACTURERS AND GUNSMITHS ONLY.)
Т	completed the prescribed test on the knowledge of this Act? (Indicate with art X)
YES	NO
	completed the prescribed training and practical test for dealers, manufacturers or gunsmiths? (Indicate with an X)
YES	NO
In the case of dealers,	manufacturers or gunsmiths, submit details of relevant qualifications/experience
G,	APPLICATION FOR A COMPETENCY CERTIFICATE TO POSSESS A FIREARM
	(THIS APPLIES TO PRIVATE PERSONS ONLY)
Have your streement the	completed the prescribed test on this Act? (indicate with an X)
YES YES	NO NO
	completed the prescribed training and practical tests on the safe and efficient handling of a firearm?
(Indicate with an X).	
YES	NO I
	d you receive the prescribed training? (indicate with an X)
Pistol	Revolver Rifle Shotgun
Other (specify)	
H.	OTHER INFORMATION
	AINING CERTIFICATE ISSUED BY AN ACCREDITED TRAINING INSTITUTION? (indicate with an X)
YES	NO
YES Name of accredited tra	NO Irriting mellitution
YES Name of accredited training traini	NO Irriting mellitution
YES Name of scoredited tra	NO Irriting mellitution
YES Name of accredited tra Serial number on training Date issued HAVE YOU EVER BEI	NO Irriting mellitution
YES Name of accredited training Serial number on training Date issued HAVE YOU EVER BEI (Indicate with an X)	Inting institution Ing certificate issued EN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?
YES Name of accredited tra Serial number on training Date issued HAVE YOU EVER BEI (Indicate with an X) YES	NO Inting shellfullon ing certificate issued EN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? NO If yes, submit the following details
YES Name of accredited training Serial number on training Date issued HAVE YOU EVER BEI (Indicate with an X) YES Police station [1]	Inting institution Ing certificate issued EN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?
YES Name of accredited tra Serial number on traini Date issued HAVE YOU EVER BEI (Indicate with an X) YES Police station (1) Charge	NO Inting shellfullon ing certificate issued EN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? NO If yes, submit the following details
Name of accredited trained serial number on training the passage of the passage o	Inting institution Ing certificate issued EN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? NO If yes, submit the following details \$3 CAS/Case number \$3 CAS/Cas
YES Name of accredited tra Serial number on traini Date issued HAVE YOU EVER BEI (Indicate with an X) YES Police station (1) Charge	NO Inting shellfullon ing certificate issued EN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? NO If yes, submit the following details

ARE THERE ANY C	ASES PENDING AGAINST	YOU? (Indicate with an X)	
YES	NO	If yes, submit the following details	
Police station (1)		62 CAS/Case number	
Offence			
Police station (2)		6.5 CAS/Case number	
Offence			
HAVE ANY OF YOU	R FIREARM(S) EVER BEEN	N LOST/STOLEN? (Indicate with sm X)	
YES	NO	If yes, submit the following details	
Police station (1)		12 CAS/Case number	
Circumstances			
Details of firearm			
Police station (2)		7.6 CAS/Case number	
Circumstarioes			
Details of frearm			
-	GLIGENCE OPENED AND	INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)	
YES	NO	If yes, submit the following details	
Police station [1]		8.2 CAS/Case number	
Charge		8.* Outcome	
Police station (2)		s.8 CAS/Case number	
Charge	<u> </u>	#B Guttome	
HAVE YOU EVER BE	EN DECLARED UNFIT TO	POSSESS A FIREARM? (indicate with an X)	
YES	NO	If yes, submit the following details	
Police station (1)		53 CAS/Case number	
Charge			
Date from		9.5 Period	
Police station (2)		9.7 CAS/Case number	
Charge			
Date from		\$10 Period	
HAR A EIREADAIN	(OHD BOSSESSION BEEN	CONFISCATED? (indicate with an X)	
YES	NO	If yes, submit the following details	
Police station (1)		10.2 CAS/Case number	
Circumstances		18.4 Outcome	•••••
Police station (2)		19.6 CAS/Case number	
Circumstances		14.8 Outcome	

		ERVED WITH A PROTECTION ORDER, OR VISITED BY A POLICE OFFICIAL OR OTHER CONFLICT IN YOUR HOME OR ELSEWHERE? (Indicate with an X)	
	**************************************		errent.

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

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

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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. 				F	PHO			1	ı			
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Signature			i					:				
	6	Date				Π	-			-	Π	T
Name of applicant in block letters												
	7	Plac	e									
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION												
	8.2		. 1	\top	т-	1	T	ГТ		1		
lame of police official in block letters	F	Persal	numb	er of po	lice off	icial				j		
	8.4											
Rank of police official in block letters		Signat	ure of	police o	official		******			•		
PARTICULARS OF WITNESS												
	9.2		T	T	1		Π	-]		
lame of witness in block letters	ļ	Persal	numk	er of wi	tness		1	· ·				
	9.4	41								•		
lank of witness in block letters Submit proof of that indicated in par 11.1.		signat	are of	witness	i							
PARTICULARS OF I (This section must be completed only if the applicant cannot real					lerstan	i the c	ontern	of this	s form	n.)		
Name and surname of interpreter												
identity/Passport number of interpreter											\prod	\prod
Residential address					<u>, , , , , , , , , , , , , , , , , , , </u>		0000000000				, 	_
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Postal address												
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		SAPS 517
8	Celiphone number	* Fax ()
10	E-mail address	
11	Interpreted from (language)	to
	1	2 Date
13		Place
	Signature of interpreter	
15	1	
	Rank of police official in block letters (if applicable)	Persal number of police official (if applicable)
	K. PARENTAL CONSENT IN C	ASE OF A MINOR
1	Recommended	Not recommended
2		
3	Name and surname of parent/guardian Identity/Passport number of parent/guardian	
4	Comments of parentiguardian	
	-	
		Dufe
6		Place
	Signature of parent/guardian	

	L FOR OFFICIAL USE BY THE PO	LICE OF			NDU	CTS THI	E INT	ERVI	EWS			
1	INTERVIEW 1 (With a person other than the applicant's spot	use or part	ner)									
1.1	1.1 SA ID Passport (Indica	te with an X	3)									
2	dentity number of interviewee				-				-		\top	-
3	Passport number of interviewee										$\neg \uparrow$	
4	4 Surname						5	nitials				
6	Full names						E0000-000			\		
7	⁷ Age sender Male		Female	(Ind	icate w	ith an X)						
9												
						10	Posta	Code				
11	11 Telephone number 11.1 Home ()		11	² Work	()		****				
11.3	11.3 Cellphone number		12	Fax	()						
13	The inferviewee's relation to the applicant? (eg neighbour, em	ployer, par	ents)									
14	14 Comments of the interviewee	***************************************	***************************************									
		***********		••••••			••••••		••	•••••		
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		************	••••••		••••••	•••••				*******		
15	15 Date	16	Time									
17	Comments of the police official who conducted the interview											
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18	In what manner was the interview conducted? (eg in person, b	y telephon	e)									,
19	200000000000000000000000000000000000000	monocon	Time	·1								
		Processor			1							
21	Name of police official in block letters		22	Parad au		f police of	ficial		-			
				Persal nur	nber o	r police of	liciai					
23			24			-66-1-1			·····	•••••		
	Rank of police official in block letters			Signature o	it polic	e official						
25	INTERVIEW 2 (With a person other than the applicant's spot	ise or partr	ner)									
25.1	25.1 SAID Rassport (Indicate	e with an X)										
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30	Strname							nuais				
31	Full names			T	-4- **							
33	Age Gender Male		Female	(Indic	ate wit	h an X)						
	Address						34 4					$\neg \neg \dashv$
35	35		28.00			1000	³⁴ Pos	nt Co	ie			
	Telephone number 35.1 Home ()		*3.4	Nark	()						

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Geliphone number							36	Fax		()								
The interviewee's rel	ation to the	applicant? (e	g neighbo	ur, em	ployer, p	arent	s)												
Comments of the int	erviewee																		
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omments of police	official after	the interview			 .														······································
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							48		••••										
k of police official i	n block lette	rs						Sign	ature o	of polic	ce offi	cial							
ERVIEW WITH A	PPLICANT	'S SPOUSE	PARTNE	R (If ap	plicable)													
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	SAPS 517
65	In what manner was the interview conducted? (e.g. in person, by telephone)
66	Date
67	Name of police official in block letters Persal number of police official
63	70
	Rank of police official in block letters Signature of police official
7·i	OTHER DETAILS (To be completed by the Designated Firearms Officer)
72	Describe the health and physical fitness of the applicant
73	Describe the mental condition of the applicant and indicate whether he/she is inclined to act violently
	Describe the Herital Containing of the applicant and indicate where the site is inclined to act, violently
74	General Impression of the applicant's character, including his or her temper and emotional and behavioural stability
75	Is the applicant dependant on any substance which has an intoxicating or narcotic effect? If yes, submit details
76	Are there any negative aspects known about the applicant? if yes, submit details
77	Does the applicant have a criminal history? If yes, submit details

- i	sale handling of a firearm	60 of 2000), and Regulations, as well as his or her knowledge of the
	Sais Halling Vi a Hemili	
	IF THE APPLICANT IS UNDER THE AGE OF 21 YEARS, CONFIRM IF CO TO OBTAIN A COMPETENCY CERTIFICATE.	MPELLING REASONS EXIST WHICH REQUIRE THE APPLICANT
	Compelling reasons (Indicate with an X)	4.187
	Conduct a business Gainfully employed Dedicated	hunter Dedicated sports Private collector person
	Other	
	Confirmation of compelling reasons	
- 1	1	
	M. RECOMMENDATION (To be completed by the Del	signated Firearms OfficentStation Commissioner)
- Mariana Kana		
	RECOMMENDATION REGARDS	NG THE APPLICATION
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The state of the s	RECOMMENDATION REGARDI	NG THE APPLICATION
	Recommended Motivation	NG THE APPLICATION
	Recommended Motivation Name of Designated Firearms Officer/Station Commissioner in block letters	NG THE APPLICATION Not recommended State
	Recommended Motivation Name of Designated Firearms Officer/Station Commissioner in block letters	NG THE APPLICATION Not recommended
	Recommended Motivation Name of Designated Firearms Officer/Station Commissioner in block letters	NG THE APPLICATION Not recommended 3 Date