

SAPS 517

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

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

E. PARTICULARS OF APPLICANT

TYPE OF CITIZENSHIP (Indicate with an X)

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

Marital status (Indicate with an X)

22.1	Single	Married	Divorced	Widow	Widower
	Other (specify)				

PARTICULARS OF SPOUSE/PARTNER (If applicable)

Type of identification (Indicate with an X)

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

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

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

1 Have you successfully completed the prescribed test on the knowledge of this Act? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Have you successfully completed the prescribed training and practical test for dealers, manufacturers or gunsmiths? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3 In the case of dealers, manufacturers or gunsmiths, submit details of relevant qualifications/experience

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

1 Have you successfully completed the prescribed test on this Act? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Have you successfully completed the prescribed training and practical tests on the safe and efficient handling of a firearm? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3 For which firearm(s) did you receive the prescribed training? (Indicate with an X)

Pistol	<input type="checkbox"/>	Revolver	<input type="checkbox"/>	Rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>
Other (specify)	<input type="text"/>						

H. OTHER INFORMATION

1 DO YOU HAVE A TRAINING CERTIFICATE ISSUED BY AN ACCREDITED TRAINING INSTITUTION? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Name of accredited training institution

3 Serial number on training certificate issued

4 Date issued

5 HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	if yes, submit the following details	
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5.1 Police station (1)

5.2 CAS/Case number

5.3 Charge

5.4 Outcome

5.5 Police station (2)

5.6 CAS/Case number

5.7 Charge

5.8 Outcome

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

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

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

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

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

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

12. **IN THE PAST FIVE YEARS HAVE YOU BEEN DENIED A LICENCE, PERMIT OR AUTHORIZATION REGARDING A FIREARM?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
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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	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
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14. **IN THE PAST FIVE YEARS HAVE YOU BEEN DIAGNOSED OR TREATED BY A MEDICAL PRACTITIONER FOR DEPRESSION, DRUG, INTOXICATING OR NARCOTIC SUBSTANCE ABUSE, BEHAVIOURAL PROBLEMS OR EMOTIONAL PROBLEMS?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
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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	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
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16. **IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
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17. **IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.**

17.1. *Compelling reasons (Indicate with an X)

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

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

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

1.1	SA ID	Passport	(Indicate with an X)	
2	Identity number of interviewee			
3	Passport number of interviewee			
4	Surname			⁵ Initials
6	Full names			
7	Age	⁸ Gender	Male	Female (Indicate with an X)
9	Address			
				¹⁰ Postal Code
11	Telephone number	^{11.1} Home ()	^{11.2} Work ()	
11.3	Cellphone number		¹² Fax ()	
13	The interviewee's relation to the applicant? (eg neighbour, employer, parents)			
14	Comments of the interviewee			
15	Date		¹⁶ Time	
17	Comments of the police official who conducted the interview			
18	In what manner was the interview conducted? (eg in person, by telephone)			
19	Date		²⁰ Time	

21
Name of police official in block letters

22
Personal number of police official

23
Rank of police official in block letters

24
Signature of police official

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

25.1	SA ID	Passport	(Indicate with an X)	
26	Identity number of interviewee			
27	Passport number of interviewee			
28	Surname			¹³ Initials
30	Full names			
31	Age	³² Gender	Male	Female (Indicate with an X)
33	Address			
				³⁴ Postal Code
35	Telephone number	^{35.1} Home ()	^{35.2} Work ()	

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65 In what manner was the interview conducted? (eg in person, by telephone)

66 Date

67

Name of police official in block letters

68

Personal number of police official

69

Rank of police official in block letters

70

Signature of police official

71 OTHER DETAILS (To be completed by the Designated Firearms Officer)

72 Describe the health and physical fitness of the applicant

73 Describe the mental condition of the applicant and indicate whether he/she is inclined to act violently

74 General impression of the applicant's character, including his or her temper and emotional and behavioural stability

75 Is the applicant dependant on any substance which has an intoxicating or narcotic effect? If yes, submit details

76 Are there any negative aspects known about the applicant? If yes, submit details

77 Does the applicant have a criminal history? If yes, submit details

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

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

79.1 Compelling reasons (indicate with an X)

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

79.2 Confirmation of compelling reasons:

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

1 RECOMMENDATION REGARDING THE APPLICATION

	Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
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1.1 Motivation

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2

Name of Designated Firearms Officer/Station Commissioner in block letters

3 Date - -

4

Rank of Designated Firearms Officer/Station Commissioner in block letters

5 Place

6

Signature of Designated Firearms Officer/Station Commissioner

7 -

Personal number of Designated Firearms Officer/Station Commissioner