

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

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
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 ()
13.3	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	<input type="checkbox"/>	NO	<input type="checkbox"/>
	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)			
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	Charge		
10.4	Outcome		
10.5	Police station ⁽²⁾		10.6 CAS/Case number
10.7	Charge		
10.8	Outcome		

11

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			
11.1	Police station ⁽¹⁾		11.2 CAS/Case number
11.3	Offence		
11.4	Police station ⁽²⁾		11.5 CAS/Case number
11.6	Offence		

12

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			
12.1	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		
12.8	Details of firearm		

13

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			
13.1	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)			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, submit the following details			
14.1	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

15 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			
15.1	Police station ⁽¹⁾		15.1 CAS/Case number
15.3	Circumstances		15.3 Outcome
15.5	Police station ⁽²⁾		15.5 CAS/Case number
15.7	Circumstances		15.7 Outcome

16 **DECLARATION BY APPLICANT**

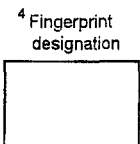
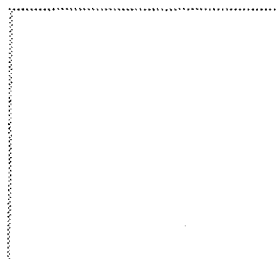
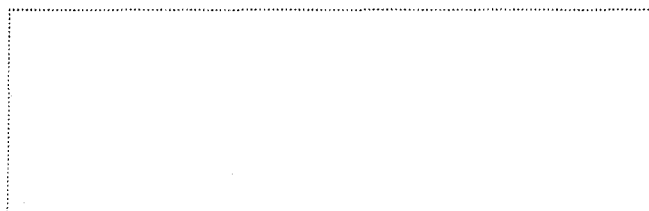
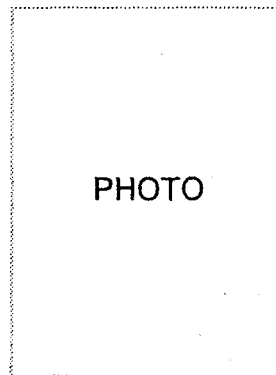
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

G **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.



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

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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									4 Postal Code			
5	Postal address									5 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)												

I. 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	Comment of parent/guardian										
5	Date										
6	Signature of parent/guardian										
7	Place										



SOUTH AFRICAN POLICE SERVICE

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

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

OFFICIAL DATE STAMP
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		

continue

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)			

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:

10.5	Barrel serial number				
10.6	Frame serial number				
10.7	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				
	8 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)

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												
			Postal Code										
4	Postal address												
			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

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13
 Signature of interpreter

14 Place

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15

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 Rank of police official in block letters (if applicable)

16

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 Persal number of police official (if applicable)

G. FOR OFFICIAL USE BY THE POLICE STATION

1

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 Name of police official in block letters

2 Date

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3

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 Rank of police official in block letters

4 Place

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5
 Signature of police official

6

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 Persal number of police official