

#### 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)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED					
	<sup>1</sup> Application referen	ice No				
1						
DATE RECEIVED			•			
B. FOR OFFICIAL USE BY POL	ICE STATION WHE	RE THE APP	LICATION	IS RECEI	VED	
Province	••••••	***************************************		•••••	······································	
Area Police station				•••••		
Component code				·	••••••	
Firearm applications register reference No	SAPS 86 NO			YEAR		
c. FOR OFFICIAL USE	BY THE CENTRAL	TIDE ADMC	DECIETED	(CED)		
c. FOR OFFICIAL USE  1 Outstanding/Additional information required	DI THE GENTRAL	IRLARING	KEGISTER	(GFR)		
7					•••••	
			•••••		••••••	
	***************************************		•••••		••••••	
- Pen	sal number		·	-	3 Da	te
						<b>—</b>
<sup>4</sup> Signature of police official		L	<sup>5</sup> Name in b	ock letters	***	
*Application for licence approved (indicate with an X)			••••			
	sal number		.		* Da	te:
	an Harrison			1		••
Signature of CFR officer **Application for Ilcence refused (Indicate with an X)	10 Officer code	m(s) for refus	11 Name in b	lock letters		
Obbit struction in circle (cinsenditioners and any)	1.043					
				•••••		
	***************************************			••••••		
- 14 Par	sel number			-	15 Di	ate
			<u></u>			<del></del> ,
<sup>16</sup> Signature of CFR officer	17 Officer code		18 Name in bl	ock letters		

	SAPS 517(c)
	D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH
1	Details of competency certificate
2	Type of competency certificate
3	Competency certificate number
4	Date issued 5 Expiry date
6	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 animunition
6.3	To manufacture firearms
6.4	To manufacture ammunition
6.5	To conduct business as a gunsmith
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Surname 3 Initials
4	Full names
5	identity number of natural person
6	Passport number of natural person
7	Business address
9	<sup>B</sup> Postal Code
	Postal address  10 Postal Code
11	111
11.3	Celliphone number ( ) **Work ( )  Celliphone number ( ) **Pax ( )
13	E-mail address
14	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	GG-or company registration no.
20	RESPONSIBLE PERSON'S DETAILS
21	Responsible person (full name and surname)
22	Type of Identification (Indicate with an X) SA ID Passport number
23	Identity number of responsible person
24	Passport number of responsible person
2:5	Celiphone number

	SAPS 517(c
26	Physical address
	27 Postal Code
28	Postal address
	<sup>28</sup> Postal Code
30	PROOF SIGNATURES OF RESPONSIBLE PERSON
31	32
•	Signature of responsible person Signature of responsible person
33	DETAILS OF PREMISES
34	
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
20	
39	DESCRIBE THE BURGLAR PROOFING

DESCRIBE OTHER SECURITY FEATURES	
DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH	AND MAINTAIN A WORKSTATION THAT LINKS THEIR
REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS OR MANUFA * THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALE	
Submit a description of the workstation which will link your registers to the Cen	
In case of a dealer or a gunsmith, submit the reason(s) why the Registrer must	exempt you from maintaining a linked workstation
Date of commencement of business	
DECLARATION BY APPLICANT	
am aware that it is an offence in terms of Section 120 (9)(f) of the Firearms Cor	ntrol Act, 2000 (Act No 60 of 2000), to make a false statement in ti
application.	
F. SIGNATURE OF APPLICAN	IT (Sign only if applicable)
Note:	
The requirements of the photo:	
<ul> <li>The photograph must be in colour and may not exceed the border.</li> <li>The photo must be the size of a standard passport photograph.</li> </ul>	
<ul> <li>The photo must be a full front view of the head and shoulders of the applicant.</li> </ul>	DUOTO
- The background of the photo must be plain.	РНОТО
<ul> <li>The applicant may not be wearing a hat or sunglasses on the photograph.</li> </ul>	
<ul> <li>The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application</li> </ul>	
form The applicant must sign in black ink.	
<ul> <li>The signature may not exceed the border.</li> <li>The whole finger must be pressed down on the sheet.</li> </ul>	1 .
The whole linger must be pressed down on the sheet.  The fingerprint should not be rolled and must be a flat impression.	······································
	<sup>4</sup> Fingerprir designati
	100g/mm
2	3
•	ľ
Signature	······································
6	The has
	Date
Name of applicant in block letters	

В	PARTICULARS OF POLICE OFFICIAL DEALI	NG WITH APP	PLICATION	u l								
8.1		1	· · · · · · · · · · · · · · · · · · ·	8.2		T	TT	Т-	Т			
	Name of police official in block letters	]				mber of po	lice officia	al	1-1			
8.3		1		8.4								
	Rank of police official in block letters	1			Signature	of police o	fficial	•••••		•••••		
9	PARTICULARS OF WITNESS	]										
9.1		]		9.2		П			-			
	Name of witness in block letters				Persal nu	mber of wit	ness		<del>1</del>			
9.3				9.4				•••••				
	Rank of witness in block letters				Signature	of witness				********		
	G. (This section must be completed or	PARTICL by if the applica					rstand (h	e conten	t of this	form.)		
1	Name and surname of interpreter			, ,								
2	identity/Passport number of interpreter										$\Box$	
3	Residential address						1000000					
5							<b>*</b> P	ostal Co	je		$\perp$	
	Postal address						6+-					
7	Telephone number 1.1 Home (	)			72 Warl	(	<u>                                       </u>	ostal Co	16			
3	Celiphone number				11 Fax	(	)					
•	£-mail:address											
10	interpreted from (language)				to							
				11	Date				Т.		$\overline{}$	
						1	l					
12				13	Place							
	Signature of interpreter											
14				15					-			
	Rank of police official in block letters(if applicable)				Persal nun	nber of polic	ce official	(if appli	cable)		\$0000000	
	H. FOR OFFICIAL USE BY TH	E DESIGNA	ATED FIF	EARN	IS OFFIC	ER/STAT	ION CO	MMIS	SIONE	R		
	REC	OMMENDATI	ON REGA	RDING	THE APPI	LICATION						
	Recommended					Not	recomm	ended				
	Report of inspection on premises					************						
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	Recommendation regarding the application		
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Γ		6.	
L		-	Date
N	ame of Designated Firearms Officer/Station Commissioner in block letters		
Γ		8	
Ë	05.00		Place
ĸ	ank of Designated Firearms Officer/Station Commissioner in block letters		
		10	
	gnature of Designated Firearms Officer/Station Commissioner		Bornel number of Designated Signature Office /Station
٠	guardie of Designated Filedrins Officer/Station Continues/00er		Persal number of Designated Firearms Officer/Station Commissioner



#### SOUTH AFRICAN POLICE SERVICE

### APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE

OFFICIAL DATE STAMP		L USE BY THE POLICE STATI E APPLICATION IS CAPTURE	
	<sup>1</sup> Application reference No		
·			
DATE RECEIVED			
B. FOR OFFICIAL USE BY PO	LICE STATION WHERE THE	APPLICATION IS RECEIVED	
Province			
Area			
Police station			
Component code			
Firearm applications register reference number	SAPS 86 NO	YEAR	
	BY THE CENTRAL FIREARI	MS REGISTER (CFR)	
<sup>1</sup> Outstanding/Additional information required		· · · · · · · · · · · · · · · · · · ·	
Į į			
	rsal number	-  -	Date
<sup>4</sup> Signature of police official		<sup>5</sup> Name in block letters	
<sup>6</sup> Application for new type approved <sup>6.1</sup> New fi	rearm type 6.2 New	ammumilion type (Indicat	e with an X)
			Date
	rsal number	1-11-1	Date
<sup>9</sup> Signature of CFR officer	<sup>10</sup> Officer code	11 Name in block letters	
12 Application for new type refused 12.1 New f	Trearm type 12.2 New	v animunition type (Indicate	e with an X)
Heason(s) for refusal			
<u> </u>			
		T T T T T T T T T T T T T T T T T T T	5 5
-	itsål number		5 Date
			<u> </u>
<sup>16</sup> Signature of CFR officer	17 Officer code	18 Name in block letters	

	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	SA ID Non-SA dilizen with permanent residence*
3	Identify number of natural person
6	Surname <sup>6</sup> initials
6	Residential address
8	<sup>7</sup> Postal Code
	Postal address  9 Postai Code
10	1
10.3	Telephone number ( ) "" Work ( )  Celiphone number ( ) " Fax ( )
12	S-mail address
40	
13	JURISTIC PERSON'S DETAILS
14	OTHER BODIES
15	Registered company mane
16	Trading as name
17	FAR number
18	Company registration or CC number
19	Postal address
	2th Postal Code
21	Business address
	22 Postal Code
23	Business telephone number 23.1 Work ( ) 23.2 Fax ( )
24	E-mail address
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and surname)
27	Type of identification (indicate with an X) SA ID Passport number
28	Identity number of responsible person
29	Passport number of responsible person
30	Celiptione number
31	Physical address
	<sup>32</sup> Postal Code
33	Postal address
	<sup>34</sup> Postal Code

<sup>•</sup> Proof of permanent residence must be submitted, if an applicant is not a SA citizen.

	E. DETAIL OF EXISTING LIGENGE Firearm manufacturer licence type (indicate with an X)
1 2 .	To manufacture firearms  To manufacture ammunition
3 4 5	Licence number  Date issued  Expiry date
	F. PARTICULARS OF PROPOSED TYPE OF FIREARM OR AMMUNITION TO BE MANUFACTURED
1	DETAILS OF PROPOSED TYPE OF FIREARM
2 3 4 5	Type Calibre Make 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 12 Intended market 13 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 (Stationally) applicable) G.

Name of applicant in block letters

Signature of applicant

		SAPS 517(d)
	H. (This section must be completed only if the appli	cant cannot read or write)
1	Fingerprint designation	Name of applicant in block letters
	5	
	Right index fingerprint of applicant	Place
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
6.1	e.	
	Name of police official in block letters	Persal number of police official
6.3	6.4	
	Rank of police official in block letters	Signature of police official
7	PARTICULARS OF WITNESS	
7.1	7.2	
	Name of witness in block letters	Persal number of witness
7.3	7.4	***************************************
	Rank of witness in block letters	Signature of witness
	PARTICULARS OF INT     (This section must be completed only if the applicant cannot read or	ERPRETER welle or does not understand the contents of this form.)
1	Name and surname of interpreter	
2	Identity/Passport number of interpreter	
3	Residential address	
5		* Postal Code
•	Postal address	<sup>6</sup> Postal Code
7	Telephone number 7.1 Home ( )	7.2 Work ( )
8	Geliphone number	9 Fax ( )
10	E-mail address	
11	interpreted from (language)	to
	12	Date
13	Signature of interpreter	Place
15	11	
	Rank of police official in block letters (if applicable)	Persal number of police official (if applicable)

J. FOR OFFICIAL USE E			RMS OFFICER/STATION COMMISSIONER	200				
RECOMMENDATION REGARDING THE APPLICATION								
Recommended			Not recommended					
Recommendation regarding the application								
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Recommended conditions								
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		5	Date					
lame of Designated Firearms Officer/Station	Commissioner in block letters	s						
	<del></del> 1	7						
			Place					
Rank of Designated Firearms Officer/Station (	Commissioner in block letters	;						
		9						



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

(Transitional provisions)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED							
	<sup>1</sup> Application reference No							
	•	~						
DATE RECEIVED								
	LICE STATION WHERE THE A	PPLICATION IS RECEIVED						
Province Area								
Police station			······································					
Component code		•••						
Firearm applications register reference number	SAPS 85 NO	YEAR						
c. FOR OFF	CIAL USE BY THE DECIDING	OFFICER						
Cutstanding/Additional information required								
	······							
	······							
	sai number	-   -	)ate					
Signature of police official		<sup>5</sup> Name in block letters						
SApplication for licence approved (indicate with an X)								
- 7 Per	sal number		Date					
			<del></del>					
9 Signature of deciding officer	10 Officer code	11 Name in block letters						
12 Application for licence refused (Indicate with an X)	<sup>13</sup> Reason(s) for re	fusal						
			Date					
	rsal number		Date					
16 Signature of deciding officer	17 Officer code	<sup>18</sup> Name in block letters						

	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	SA ID: Passport
3	Identity number of natural person.
4	Passport number of natural person
5	Surname s Initials
.7	Residential address
9	<sup>8</sup> Postal Code
	Postal address
11	Telephone number ( ) (1.2 Work ( )
11.3	Celiphone number Home ( ) ** Work ( )
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	
10	OTHER BODIES
16	Registered company harne
17	Trading as name
18	FAR (furtibe)
20	Company registration of CC number
	Postal address  21 Postal Code
22	Business address
	23 Postal Code
24	Business telephone number
25	E-mail address
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible person (full name and surreine)
28	Type of identification (indicate with an X) SA ID Passport number
29	Identify number of responsible person
30	Passport number of responsible person
12	Cellphone number
_	Physical address
14	Postal address
	Postal Code

36	OTHER INFORMATION	(Indicate with an X)							
37	Type of competency certif	icate							
38	Competency certificate nu								
39	Date of issue				40 Expiry date			-	I- I .
41	DO YOU HAVE THE PRE	SCRIBED SAFE? ()	idicate witt	nan X)					
	YES	NO							
41.1	IF YES, SUBMIT FULL D		an X, with	ingseb hoda	otion)				
	Type of safe	Handgun		Rif	ė.				
	Strongroom Device	•••••	•••••	••••••	•••••				•••••
42	IS SAFE MOUNTED? (Inc	dicate with an X)							
	YES	NO							
42.1	IF YES, SUBMIT FULL D	ETAILS (Indicate with	an X, with	short descrip	ilion)				
	Weil	Floor							
	E. DETA	AILS OF CURREN	I LICE!	NCE(S), P	ERMIT(5), AUTE	IORIZATIO	N(S) OF FI	CEARMS	
1	State the total number of fi	irearms corrently licen	ced in you	ir name					
2									
	DETAILS OF FIREARM I	LICENCE(S) TO BE I	KENEWE	<u> </u>					
2.1	Type of firearm	Calibre		Se	rial number	Ma	íke	Date licer	ce was issued
					••••••				
							•••••		
							•••••		
								***************************************	
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	***************************************			••••••					
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				SAPS 51
			•••••	
			•••••	
	DECLARATION BY APPLICANT			
	application.			ol Act, 2000 (Act No 60 of 2000), to make a false statement in thi
	f. SIGNATURE	OF APPLICA	AIN I	(Sign only if applicable)
	Note:			
	The requirements of the photo:			
	<ul> <li>The photograph must be in colour and may not excee</li> <li>The photo must be the size of a standard passport ph</li> </ul>			
	- The photo must be a full front view of the head and sh			
	<ul><li>applicant.</li><li>The background of the photo must be plain.</li></ul>			PHOTO
	<ul> <li>The applicant may not be wearing a hat or sunglasses</li> </ul>	s on the		
	<ul><li>photograph.</li><li>The applicant's name and identification number must</li></ul>	be written		
	on the back of the photograph before it is affixed on the			
	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.			1
	The fingerprint should not be rolled and must be a flat			***************************************
				,
				<sup>4</sup> Fingerprint
				designation
	2			3
	Signature			
			6	
	Name of applicant in block letters			Date     -   -
	Tarrie of applicant in block fetters	•		
			7	Place
		Jacobs		¬
	PARTICULARS OF POLICE OFFICIAL DEALING WITH A	PLICATION		
ĺ			8.2	
Į	Name of police official in block letters			Persal number of police official
•	The state of the s			Total Hamber of police official
l	1		8.4	
į	Rank of police official in block letters			Signature of police official
ĺ				
	PARTICULARS OF WITNESS			
			9.2	
	Name of witness in block letters			Persal number of witness
	THE OF THE ISSUED FOR FOREIS			r diadi mulliper of withesa
			9.4	
	Rank of witness in block letters			Signature of witness

SAPS 517(e) PARTICULARS OF INTERPRETER G. (This section must be completed only if the applicant cannot read or write or does not understand the content of this form.) Name and surname of interpreter identity/Passport number of Interpreter Residential address 4 Postal Code Postal address <sup>6</sup> Postal Code 7.1 Hame 7.2 Work Telephone number 9 Fax Celiphone number E-mail address 11 interpreted from (language) Date 13 Place Signature of interpreter Rank of police official in block letters (if applicable) Persal number of police official (if applicable) FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER COMMENTS REGARDING THE APPLICATION Report of inspection of safe

	SAPS 517(
Recommendation	
<u> </u>	<u> </u>
	5 Datti
ame of Designated Firearms Officer/Station Commissioner in block letters	
	7 Place
ank of Designated Firearms Officer/Station Commissioner in block letters	Case
$(\mathbf{x},\mathbf{w}) = (\mathbf{x},\mathbf{w}) \cdot \mathbf{w} + (\mathbf{x},\mathbf{w}) \cdot $	9
ignature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station
	Commissioner