



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
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. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)												
1 Outstanding/Additional information required												
.....												
.....												
.....												
2 Personal number									3 Date			
.....												
4 Signature of police official												
5 Name in block letters												
6 Application for licence approved (Indicate with an X)												
.....												
7 Personal number									8 Date			
.....												
9 Signature of CFR officer												
10 Officer code			11 Name in block letters									
12 Application for licence refused (Indicate with an X)												
13 Reason(s) for refusal												
.....												
.....												
14 Personal number									15 Date			
.....												
16 Signature of CFR officer												
17 Officer code			18 Name in block letters									

SAPS 517(c)

40 **DESCRIBE OTHER SECURITY FEATURES**

41 *** DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION THAT LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS OR MANUFACTURERS DATABASE**
*** THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALERS OR GUNSMITHS FROM THIS DUTY**

Submit a description of the workstation which will link your registers to the Central Database
 In case of a dealer or a gunsmith, submit the reason(s) why the Registrar must exempt you from maintaining a linked workstation

42 Date of commencement of business - -

43 **DECLARATION BY APPLICANT**

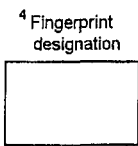
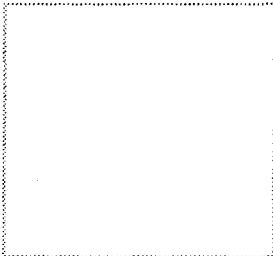
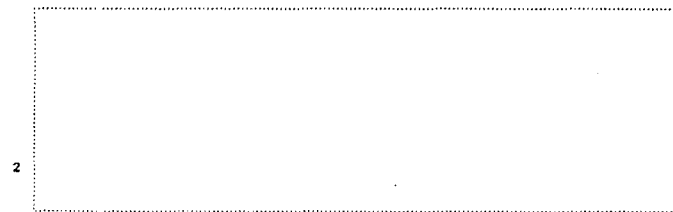
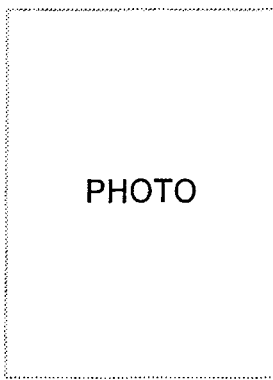
I am aware that it is an offence in terms of Section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

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.



5
Name of applicant in block letters

6 **Date** - -

7 **Place**



SOUTH AFRICAN POLICE SERVICE

APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE

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 number	SAPS 86	NO	YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)				
¹ Outstanding/Additional information required				
		² Persal number	³ Date	
..... ⁴ Signature of police official	 ⁵ Name in block letters		
⁶ Application for new type approved	^{4.1} New firearm type	^{8.2} New ammunition type	(Indicate with an X)	
		⁷ Persal number	⁸ Date	
..... ⁹ Signature of CFR officer		¹⁰ Officer code ¹¹ Name in block letters	
¹² Application for new type refused	^{12.1} New firearm type	^{12.2} New ammunition type	(Indicate with an X)	
¹³ Reason(s) for refusal				
		¹⁴ Persal number	¹⁵ Date	
..... ¹⁶ Signature of CFR officer		¹⁷ Officer code ¹⁸ Name in block letters	

SAPS 517(d)

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2	SA ID	Non-SA citizen with permanent residence*	
3	Identify number of natural person		
4	Surname	5 Initials	
6	Residential address		
			7 Postal Code
8	Postal address		
			9 Postal Code
10	Telephone number	10.1 Home ()	10.2 Work ()
10.3	Cellphone number	11 Fax ()	
12	E-mail address		

13 JURISTIC PERSON'S DETAILS

14 OTHER BODIES

15	Registered company name		
16	Trading as name		
17	FAR number		
18	Company registration or CC number		
19	Postal address		
			20 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	Identify number of responsible person		
29	Passport number of responsible person		
30	Cellphone number		
31	Physical address		
			32 Postal Code
33	Postal address		
			34 Postal Code

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

E. DETAIL OF EXISTING LICENCE
 Firearm manufacturer licence type (indicate with an X)

1	To manufacture firearms	<input type="checkbox"/>
2	To manufacture ammunition	<input type="checkbox"/>
3	Licence number	
4	Date issued	
5	Expiry date	

F. PARTICULARS OF PROPOSED TYPE OF FIREARM OR AMMUNITION TO BE MANUFACTURED

1 **DETAILS OF PROPOSED TYPE OF FIREARM**

2	Type	
3	Calibre	
4	Make	
5	Model	

6 **PURPOSE OF DEVELOPMENT**

7 **INTENDED MARKET**

8 **STATE THE SPECIFICATIONS OF THE NEW TYPE OF FIREARM**

SAPS 517(d)

9 **DETAILS OF PROPOSED TYPE OF AMMUNITION**

10 **Calibre**

11 **Purpose of development**
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

12 **Intended market**
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

13 **State the specifications of the new type of ammunition**
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

14 **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)

1
Name of applicant in block letters

2 **Date**

3
Signature of applicant

4 **Place**

SAPS 517(d)

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

1 RECOMMENDATION REGARDING THE APPLICATION

2 Recommended Not recommended

3 Recommendation regarding the application

3 Recommended conditions

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

8 Signature of Designated Firearms Officer/Station Commissioner

9 Peral number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

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

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 number	SAPS 88	NO
			YEAR

C. FOR OFFICIAL USE BY THE DECIDING OFFICER			
1 Outstanding/Additional information required			
	2	3	4
	Persal number	-	Date
4 Signature of police official		5 Name in block letters	
6 Application for licence approved (indicate with an X)			
	7	8	9
	Persal number	-	Date
9 Signature of deciding officer		10 Officer code	11 Name in block letters
12 Application for licence refused (indicate with an X)		13 Reason(s) for refusal	
	14	15	16
	Persal number	-	Date
16 Signature of deciding officer		17 Officer code	18 Name in block letters

SAPS 517(e)

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			⁶ Initials
7	Residential address			
9	Postal address			⁸ Postal Code
11	Telephone number	^{11.1} Home	()	^{11.2} Work ()
11.3	Cellphone number			¹² Fax ()
13	E-mail address			

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name			
17	Trading as name			
18	FAR number			
19	Company registration or CC 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 name and surname)			
28	Type of identification (indicate with an X)	SA ID		Passport number
29	Identity number of responsible person			
30	Passport number of responsible person			
31	Cellphone number			
32	Physical address			²⁷ Postal Code
34	Postal address			²⁸ Postal Code

