SAPS 517(f)

SOUTH AFRICAN POLICE SERVICE

APPLICATION TO DECLARE PREMISES A FIREARM FREE ZONE

Section 140 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 RECEIVED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 SAPS 86 reference No	

B. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)	
1 Declared a Firearm Free Zone	
2 SAPS Head Office reference no	
3 Date received	- -
4 Date declared as a Firearm Free Zone	- -
5 Government Gazette reference no	
6 Outstanding/Additional information required	

C. APPLICATION TO DECLARE PREMISES FIREARM FREE ZONE

Section 140 of the Firearms Control Act, 2000 (Act No 60 of 2000)

1 Name of institution

2 Name of person applying on behalf of the institution

3 SA ID ☐ Passport ☐ (Indicate with an X)

4 Identity number - - -

5 Passport number

6 Capacity of person applying

7 Names and surnames of persons on the safety team

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8	Physical address of institution			
			9 Postal Code	
10	Postal address of institution			
			11 Postal Code	
12	Temporary safe keeping facilities for firearms available (Indicate with an X)		YES	NO
13	If yes, submit a description of the safekeeping facilities			
14	Motivation regarding the application			
15	Contact particulars of person applying			
15.1	Emergency telephone No	( )	15.2 Fax	( )
16	Cellphone number			
17	E-mail address			

18 **Conditions**

- **The premises declared a Firearm Free Zone must be clearly identified and demarcated.**
- **Signs must be erected/posted at all the main entrances to the premises in English and where applicable in the predominant local language and maintained.**
- **A map of the premises which already specify the demarcated area and sign must be attached to the application.**
- **The institution where premises are declared Firearm Free Zone must endeavour to mark all correspondence accordingly to reflect the premises firearm free status.**
- **The person applying on behalf of the Institution must notify the Designated Firearms Officer responsible for the area of any changes that may occur to any information submitted in this application.**

19 _____

Name of applicant in block letters

20 Date _ _ _ _ - _ _ - _ _

21 .....

Signature of applicant

22 Place _____

D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER

1 Inspection report .....

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2 Recommendation

3 Name of Designated Firearms Officer in block letters

4 Date - -

5 Rank of Designated Firearms Officer

6 Place

7 Signature of Designated Firearms Officer

8 Persal number of Designated Firearms Officer

E. RECOMMENDATION OF STATION COMMISSIONER

1

2 Name of Station Commissioner in block letters

3 Date - -

4 Rank of Station Commissioner in block letters

5 Place

6 Signature of Station Commissioner

7 Persal number of Station Commissioner

F. RECOMMENDATION BY PROVINCIAL COMMISSIONER

1

2 Name of Provincial Commissioner in block letters

3 Date - -

4 Signature of Provincial Commissioner

5 Place

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G. RECOMMENDATION BY NATIONAL COMMISSIONER

1

2 Name of National Commissioner in block letters

3 Date - -

4 Signature of National Commissioner

5 Place

H. RECOMMENDATION BY SECRETARIAT OF SAFETY AND SECURITY

1

2 Name of Secretary of Safety and Security in block letters

3 Date - -

4 Signature of Secretary of Safety and Security

5 Place

I. APPROVAL/REFUSAL BY THE MINISTER OF SAFETY AND SECURITY

1

2 Date - -

3 Signature of Minister of Safety and Security

4 Place

This document should be in triplicate as one should go to the applicant, one should stay with the station for record purposes and one should be forwarded to Head Office for further processing of the Firearm Free Zone declaration.

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SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO POSSESS A FIREARM

Section 21 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 DECIDING OFFICER																			
1 Outstanding/Additional information required																			
								-		2 Persal number					-			-			3 Date
4 Signature of police official																			5 Name in block letters
6 Application for a temporary authorization approved (indicate with an X)																			
								-		7 Persal number					-			-			8 Date
9 Signature of deciding officer										10 Officer code									11 Name in block letters
12 Application for a temporary authorization refused (indicate with an X)															13 Reason(s) for refusal				
								-		14 Persal number					-			-			15 Date
16 Signature of deciding officer										17 Officer code									18 Name in block letters

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D. DESCRIPTION OF FIREARM (Indicate with an X)

1

Rifle		Shotgun		Handgun		Combination	
Other, specify (armament/ indeterminable design type)							

2 **DETAILS OF FIREARM** (Indicate with an X)

3 **Action**

Semi-automatic		Automatic		Manual	
Other action (specify)					

4 Calibre

5 Make

6 Model

Firearm component type:

7 Barrel serial number

8 Make

9 Frame serial number

10 Make

11 Receiver serial number

12 Make

13 Every name and address engraved in the metal

E. PARTICULARS OF PERSON IN POSSESSION OF FIREARM

1 Surname

2 Initials

3 Full names

4 Identity number of person in possession of the firearm - -

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 **OTHER BODIES** (eg body corporate, close corporation or company)

13 Registered company name

14 Trading as name

15 Company registration number

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

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23	Responsible person (full name and surname)	
24	Identity number of responsible the person	- - -
25	Cellphone number	
26	Physical address	
		27 Postal Code
28	Postal address	
		29 Postal Code

30 **DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM**

I hereby declare that the above firearm is legally in my possession and that I propose to supply it to the applicant once the necessary authorization has been obtained and that the particulars of the firearm is correct and accurate.

31 **SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

32 _____
Name of person currently in possession in block letters

33 Date - -

34 .....
Signature of person currently in possession

35 Place

F. PARTICULARS OF APPLICANT

1 **NATURAL PERSON'S DETAILS**

1.1 **Type of identification** (Indicate with an X)

2	SA ID		Passport	
3	Identity number of natural person	- -		
4	Passport number of natural person			
5	Surname		6 Initials	
7	Full names			
8	Date of birth - -	9 Age	10 Gender	Male / Female
11	Residential address			
			12 Postal Code	
13	Postal address			
			14 Postal Code	
15	Type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)			
16	Trade or profession		17 If self-employed, specify	
18	Name of employer/company			
19	Business address			
			20 Postal Code	
21	Telephone number	21.1 Home ( )	21.2 Work	( )
21.3	Cellphone number		22 Fax	( )
23	E-mail address			

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24 JURISTIC PERSON'S DETAILS

25	Registered company name		
26	Trading as name		
27	FAR number		
28	Postal address		
		29 Postal Code	
30	Business address		
		31 Postal Code	
32	Business telephone number	32.1 Work ( )	32.2 Fax ( )
33	E-mail address		
34	Responsible person (full name and surname)		
35	Type of identification (Indicate with an X)	SA ID	Passport number
36	Identity number of responsible person	- -	
37	Passport number of responsible person		
38	Cellphone number		
39	Physical address		
		40 Postal Code	
41	Postal address		
		42 Postal Code	

G. OTHER DETAILS

1 Period for which authorization is required

FROM Date - -

TO Date - -

2 Motivation of purpose for which the firearm is required

.....

.....

.....

.....

.....

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

YES ☐ NO ☐ If yes, submit the following details

3.1	Police station [1]	3.2 CAS/Case number	
3.3	Charge		
3.4	Outcome		
3.5	Police station [2]	3.6 CAS/Case number	
3.7	Charge		
3.8	Outcome		

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4	**ARE THERE ANY CASES PENDING AGAINST YOU?** (Indicate with an X)				
	YES		NO		If yes, submit the following details
4.1	Police station (1)			4.2 CAS/Case number	
4.3	Offence				
4.4	Police station (2)			4.5 CAS/Case number	
4.6	Offence				

5	**HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?** (Indicate with an X)				
	YES		NO		If yes, submit the following details
5.1	Police station (1)			5.2 CAS/Case number	
5.3	Circumstances				
5.7	Details of firearm				
5.5	Police station (2)			5.6 CAS/Case number	
5.7	Circumstances				
5.8	Details of firearm				

6	**HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?** (Indicate with an X)				
	YES		NO		If yes, submit the following details
6.1	Police station (1)			6.2 CAS/Case number	
5.3	Charge				
6.4	Date from			6.5 Period	
6.6	Police station (2)			6.7 CAS/Case number	
6.8	Charge				
6.9	Date from			6.10 Period	

7	**DO YOU HAVE THE PRESCRIBED SAFE?** (Indicate with an X)				
	YES		NO		
7.1	**IF YES, SUBMIT FULL DETAILS** (Indicate with an X, with short description)				
	Type of safe	Handgun		Rifle	
	Strongroom				
	Device				
8	**IS SAFE MOUNTED?** (Indicate with an X)				
	YES		NO		
8.1	**IF YES, SUBMIT FULL DETAILS** (Indicate with an X, with short description)				
	Wall		Floor		

9	Provide proof of previous experience in the handling of firearms or previous training in firearms

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10 **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.

H. 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.

PHOTO 1

2 Signature

3

4 Fingerprint designation

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

I. 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	

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3	Residential address				
				4 Postal Code	
5	Postal address				
				6 Postal Code	
7	Telephone number	7.1 Home ( )		7.2 Work	( )
8	Cellphone number			9 Fax	( )
10	E-mail address				
11	Interpreted from (language)		to		

12 Date - -

13 .....
Signature of interpreter

14 Place

15 Rank of police officer in block letters(if applicable)

16 -
Persal number of police official(if applicable)

J. 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	Comments of parent/guardian

5 Date - -

6 .....
Signature of parent/guardian

7 Place

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

1	RECOMMENDATION REGARDING THE APPLICATION (indicate with X)			
2	Recommended		Not recommended	

2.1	Motivation

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2.2 Recommended conditions

3 Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date - -

5 Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 Persal number of Designated Firearms Officer/Station Commissioner

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