



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	
.....		
.....		
.....		

SAPS 518

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	Identify 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					

4 **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
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	<input type="checkbox"/>	NO	<input type="checkbox"/>	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	<input type="checkbox"/>	NO	<input type="checkbox"/>	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	<input type="checkbox"/>	NO	<input type="checkbox"/>	
7.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)			
Type of safe	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>
Strongroom	<input type="checkbox"/>			
Device	<input type="checkbox"/>			

8 **IS SAFE MOUNTED?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
8.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)		
Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>

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

10 **DECLARATION BY APPLICANT**

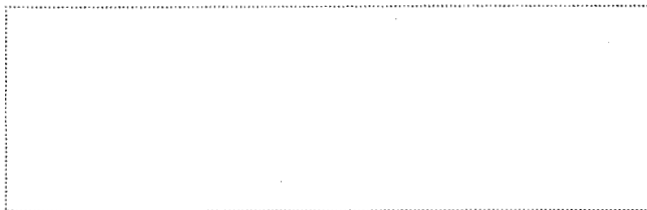
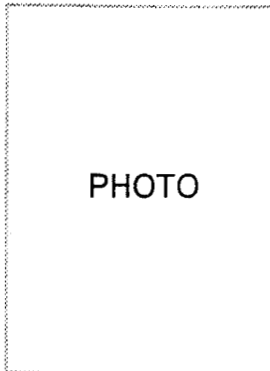
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

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.



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**

3	Residential address				* Postal Code				
5	Postal address				* Postal Code				
7	Telephone number	7.1 Home	()	7.2 Work	()				
8	Cellphone number				* 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
Rank of police officer in block letters (if applicable)

16									
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Persal number of police official (if applicable)

J. PARENTAL CONSENT IN CASE OF A MINOR

1	Recommended		Not recommended	
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2	Name and surname of parent/guardian																		
3	Identity/Passport number of parent/guardian																		
4	Comments of parent/guardian																	
																		
																		
																		
																		

5	Date								
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6
Signature of parent/guardian

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

RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)

2	Recommended		Not recommended	
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2.1	Motivation							
								
								
								
								

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