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PART 2 OF 4



AIDS HELPLINE: 0800-0123-22 Prevention is the cure



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 24, 35, 49 and 63 of the Firearm 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 number	SAPS 85	NO	YEAR

C. TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with an X)

1	Licences		2.1	Licence to deal in firearms and ammunition	
1.1	Licence to possess a firearm for self-defence		2.2	Licence to manufacture firearms and ammunition	
1.2	Licence to possess a restricted firearm for self-defence		2.3	Licence to conduct business as a gunsmith	
1.3	Licence to possess a firearm for security officer purposes		3	Permits	
1.4	Licence to possess a firearm for occasional hunting and sports shooting		3.1	Permit to possess ammunition in a private collection	
1.5	Licence to possess a firearm for dedicated hunting and dedicated sports shooting		3.2	Permit to possess ammunition in a public collection	
1.6	Licence to possess a firearm in a private collection		3.3	Import permit	
1.7	Licence to possess a firearm in a public collection (museums)		3.4	Export permit	
1.8	Licence to possess a firearm for business purposes: Business in hunting		3.5	In-transit permit	
1.9	Licence to possess a firearm for business purposes: Other business purposes		3.6	Multiple import and export permit	
2	Licence issued to particular categories of persons		3.7	Temporary import/export permit	

SAPS 518(a)

Details of original licence, permit, certificate or authorization		
Licence, permit, certificate or authorization number	Date issued	Expiry date

D. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
Identity number of natural person					
Passport number of natural person					
Surname				Initials	
Full name					
Residential address					Postal Code
Postal address					Postal Code
Business telephone number	12.1 Home	()	12.2 Work	()	
Cellphone number			13 Fax	()	
E-mail address					

JURISTIC PERSON'S DETAILS

OTHER BODIES

Registered company name					
Trading as name					
FAR number					
Postal address					Postal Code
Business address					Postal Code
Business telephone number	24.1 Work	()	24.2 Fax	()	
E-mail address					

RESPONSIBLE PERSON'S DETAILS

Responsible person (full names and surname)					
Type of identification (Indicate with an X)	SA ID	<input type="checkbox"/>	Passport number	<input type="checkbox"/>	
Identity number of responsible person					
Passport number of responsible person					

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

SAPS 518(a)

31	Telephone number				
32	Physical address				
34	Postal address		³³ Postal Code		
			³⁵ Postal Code		

36 **OTHER INFORMATION** (Indicate with an X)

37 **WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING LICENCE? IF NO, SUBMIT THE REASON**
(Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)		

38 **WAS YOUR APPLICATION HANDED IN AFTER THE DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)		

39 **WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)		

40 **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.

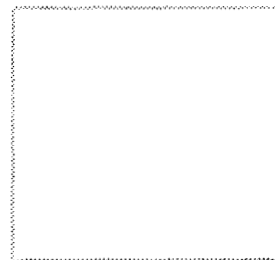
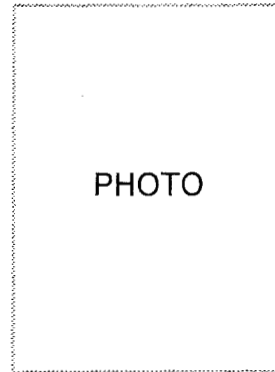
SAPS 518(a)

E. SIGNATURE OF APPLICANT (Sign only if applicable)

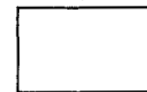
Note:

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 -

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 -

9.3
Rank of witness in block letters

9.4
Signature of witness

F. PARTICULARS OF INTERPRETER
(This section must be completed only if the applicant cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter	<input type="text"/>
2	Identify/Passport number of interpreter	<input type="text"/>
3	Residential address	<input type="text"/>
		⁴ Postal Code <input type="text"/>
5	Postal address	<input type="text"/>
		⁵ Postal Code <input type="text"/>

SAPS 518(a)

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)	

G. IN CASE OF NOMINEE/AUTHORIZED PERSON

1	Name and surname of nominee/authorized person	
2	Identity/Passport number of nominee/authorized person	
		3 Date
4	Signature of nominee/authorized person	
		5 Place

H. 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 regarding the application	
	
	
	
	
2.2	Report regarding the physical inspection of the applicant's safeguarding facilities	
	
	
	

1	Name of Designated Firearms Officer/Station Commissioner in block letters	2 Date	
3	Rank of Designated Firearms Officer/Station Commissioner in block letters	4 Place	
5	Signature of Designated Firearms Officer/Station Commissioner	6	
		Persal number of Designated Firearms Officer/Station Commissioner	



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO TRADE IN FIREARMS AND AMMUNITION, TO CONDUCT BUSINESS AS A GUNSMITH OR TO DISPLAY FIREARMS AND AMMUNITION ON PREMISES OTHER THAN THOSE SPECIFIED IN THE DEALERS', MANUFACTURERS' OR GUNSMITHS' LICENCE

Section 36, 50, 64 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												
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 85	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 temporary authorization approved (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 temporary authorization refused (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

D. PARTICULARS OF APPLICANT
Specify the type of temporary authorization which is being applied for (Indicate with an X)

1	To trade in firearms and ammunition	
2	To trade in ammunition	
3	To manufacture firearms	
4	To manufacture ammunition	
5	To conduct business as a gunsmith	

JURISTIC PERSON'S DETAILS

7	Registered company name																
8	Trading as name																
9	FAR number																
10	Postal address											¹¹ Postal Code					
12	Business address											¹² Postal Code					
14	Business telephone number	^{13.1} Work	()	^{13.2} Fax	()										
15	E-mail address																
16	Responsible person (full name and surname)																
17	Type of identification (Indicate with an X)	SA citizen					Non-SA citizen with permanent residence*										
18	Identity number of responsible person																
19	Cellphone number																
20	Physical address											²¹ Postal Code					
22	Postal address											²³ Postal Code					

24 **STATE THE REASON(S) FOR THE APPLICATION FOR A TEMPORARY AUTHORIZATION**

.....

.....

.....

.....

25	Type of Existing licence (Indicate with an X)	To trade in firearms and ammunition	To trade in ammunition	To manufacture firearms
		To manufacture ammunition	To conduct business as a gunsmith	
26	Licence number			
27	Date issued	²⁸ Expiry date		

29 **PHYSICAL ADDRESS OF THE PROPOSED PREMISES ON WHICH BUSINESS WILL BE CONDUCTED**

30 Address

.....

³¹ Postal Code

* In case of a non-SA citizen proof of permanent residence must be submitted.

SAPS 518(b)

32

WHAT IS THE CLASSIFICATION OF THE PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)

.....

.....

.....

33

DESCRIBE THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS

.....

.....

.....

34

DESCRIBE THE ALARM SYSTEM

.....

.....

.....

35

LOCATION AND PARTICULARS OF THE SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT

.....

.....

.....

36

DESCRIBE THE BURGLAR PROOFING

.....

.....

.....

37

DESCRIBE OTHER SECURITY FEATURES

.....

.....

.....

38

Period for which the temporary authorization will be required

FROM

Date					-						
------	--	--	--	--	---	--	--	--	--	--	--

TO

Date					-						
------	--	--	--	--	---	--	--	--	--	--	--

39

DECLARATION BY APPLICANT

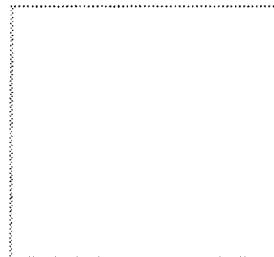
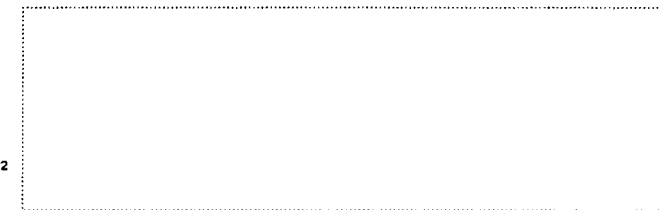
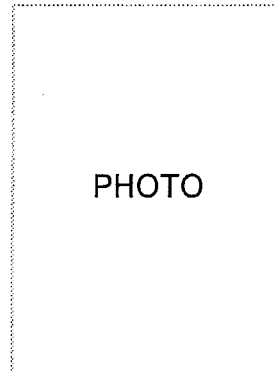
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

E. 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

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

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

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

SAPS 518(b)

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 official in block letters(if applicable)

16								-		
----	--	--	--	--	--	--	--	---	--	--

Personal number of police official(if applicable)

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

1	RECOMMENDATION REGARDING THE APPLICATION										
	Recommended	Not recommended									
1.1	Report of inspection on premises										
										
										
										
										
										
										
										
										
										
1.2	Additional conditions recommended										
										
										
										
										
										
										
										

SAPS 518(b)

2
Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date						-											
------	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

4
Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place																	
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6
Signature of Designated Firearms Officer/Station Commissioner

7

												-	
--	--	--	--	--	--	--	--	--	--	--	--	---	--

Persal number of Designated Firearms Officer/Station Commissioner

SAPS 519



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN ASSOCIATION

Section 8 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 Persal number		
										³ Date		
..... ⁴ Signature of police official									 ⁵ Name in block letters		
⁶ Application for accreditation 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 accreditation 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

D. TYPE OF ACCREDITATION (Indicate with an X)

1	As a sports shooting and hunting association	
2	As a sports shooting association	
3	As a hunting association	
4	As a collectors association	
5	Other (submit description of association)	

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>																				
3	Identity number of natural person																							
4	Surname											5 Initials												
6	Full names																							
7	Date of birth					-					-					-			8 Age			9 Gender	Male	Female
10	Residential address											11 Postal Code												
12	Postal address											13 Postal Code												
14	Trade or profession											15 If self-employed, specify												
16	Name of employer/company																							
17	Business address											18 Postal Code												
19	Telephone number	19.1 Home	()				19.2 Work	()																
19.3	Cellphone number											20 Fax	()											
21	E-mail address																							

22 Marital status (Indicate with an X)

23	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

24 PARTICULARS OF SPOUSE/PARTNER (If applicable)

24.1 Type of identification (Indicate with an X)

24.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>									
24.2	Identity number of spouse/partner												
24.3	Passport number of spouse/partner												
24.4	Name and surname												

*In the case of a non-SA citizen proof of permanent residence must be submitted

25 **JURISTIC PERSON'S DETAILS**

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

27	Registered company name														
28	Trading as name														
29	Company registration or CC number														
30	Postal address											31 Postal Code			
32	Business address											32 Postal Code			
34	Business telephone number	34.1 Work	()	34.2 Fax	()										
35	E-mail address														

36 **PARTICULARS OF MAIN ADDRESS (HEAD OFFICE)**

37	Business address											38 Postal Code			
39	Postal address											39 Postal Code			
41	Business telephone number	41.1 Work	()	41.2 Fax	()										
42	E-mail address														

43 **RESPONSIBLE PERSON'S DETAILS**

44	Responsible person (full name and surname)														
45	Type of identification (indicate with an X)	SA ID				Passport number									
46	Identity/Passport number of responsible person														
47	Cellphone number														
48	Physical address											48 Postal Code			
50	Postal address											50 Postal Code			

52 **PROOF SIGNATURES OF RESPONSIBLE PERSON**

53
Signature of responsible person

54
Signature of responsible person

55 **PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION**

56	Identity number	Full names	Surname	Capacity

57

MOTIVATION AS TO THE MAIN PURPOSE FOR WHICH ACCREDITATION IS REQUIRED AND EXPERIENCE IN THE APPLICABLE FIELD

58

INFRASTRUCTURE OF THE ORGANIZATION

59

QUALIFICATIONS OF PERSONNEL

60

PERIOD FOR WHICH ORGANIZATION EXISTS AND FUNCTIONS

SAPS 519

51 REGION THAT IS COVERED BY THE ORGANIZATION


52 PARTICULARS OF HOW REGISTERS WILL BE KEPT

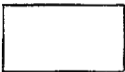
53 NUMBER OF PAID-UP MEMBERS REGISTERED (provide proof)

64 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)

1  Right index fingerprint of applicant

2  Fingerprint designation

3 Date - -

4
Name of applicant in block letters

5 Place

6
Signature of applicant

7 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

7.1
Name of police official in block letters

7.2 -
Personal number of police official

7.3
Rank of police official in block letters

7.4
Signature of police official

G. 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

6 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 (if applicable)

16 Persal number of police official (if applicable)

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

1 **RECOMMENDATION REGARDING THE APPLICATION**

2 Recommended Not recommended

2 Motivation

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 Persal number of Designated Firearms Officer/Station Commissioner