

SAPS 520(a)

30	Postal address										
32	Business address										
34	Business telephone number	34.1 Work	()	34.2 Fax	()						
35	E-mail address										

RESPONSIBLE PERSON'S DETAILS

37	Responsible person (full name and surname)											
38	Type of identification (indicate with an X)	SA citizen					Passport					
39	Identity number of responsible person						-					
40	Passport number of responsible person											
41	Cellphone number											
42	Physical address											
44	Postal address											
46	Type of competency certificate (if applicable)											
47	Date of issue						-					
							48 Expiry date					

F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)

NATURAL PERSON'S DETAILS

2	Surname											
4	Full names											
5	Identity number of natural person						-					
6	Passport number of natural person											
7	Residential address											
9	Postal address											
11	Telephone number	11.1 Home	()	11.2 Work	()							
11.3	Cellphone number				12 Fax	()						
13	E-mail address											
14	Are there any additional firearm licence holders for this firearm? (indicate with an X)	YES					NO					

JURISTIC PERSON'S DETAILS

15	Registered company name										
17	Trading as name										
18	FAR number										

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N. 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

***** NOTIFICATION OF CHANGE OF ADDRESS *****

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

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

1 **RECOMMENDATION REGARDING THE APPLICATION**

Recommended		Not recommended	
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2 Motivation regarding the application

[Large area with horizontal dotted lines for text entry]

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 Personal number of Designated Firearms Officer/Station Commissioner

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P. FOR OFFICIAL USE BY THE SCRUTINY COMMITTEE
 (In the case of multiple import or export permit/permanent export permit)

1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended	Not recommended
2	Recommendation from Scrutiny Committee	

Q. FOR OFFICIAL USE BY THE NCACC
 (In the case of multiple import or export permit/permanent export permit)

1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended	Not recommended
2	Recommendation from NCACC	

SAPS 520(b)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION

Section 83, 85(1) and 86(1) 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 number	SAPS 66	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 a permit 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 a permit 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

D PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
3	Identity number of natural person			
4	Passport number of natural person			
5	Surname			Initials
7	Full names			
8	Date of birth	-	-	Age
				Gender
				Male
				Female
11	Residential address			Postal Code
13	Postal address			Postal Code
15	Trade or profession		If self-employed, specify	
17	Name of employer/company			
18	Business address			Postal Code
20	Telephone number	20.1 Home	()	20.2 Work
20.3	Cellphone number			21 Fax
22	E-mail address			

23 Marital status (Indicate with an X)

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

25 PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (if applicable)

25.1 Type of identification (Indicate with an X)

25.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
25.2	Identity number of spouse/partner			
25.3	Passport number of spouse/partner			
25.4	Full name and surname			

26 JURISTIC PERSON'S DETAILS

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

28	Registered company name			
29	Trading as name			
30	FAR number			
31	Company registration or CC number			
32	Postal address			Postal Code

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34	Business address					35 Postal Code				
36	Business telephone number	36.1 Work	()	36.2 Fax	()					
37	E-mail address									

RESPONSIBLE PERSON'S DETAILS

39	Responsible person (full name and surname)									
40	Type of identification (indicate with an X)	SA citizen		Non-SA citizen with permanent residence*						
41	Identity number of responsible person									
42	Passport number of responsible person									
43	Cellphone number									
44	Physical address									
						45 Postal Code				
46	Postal address									
										47 Postal Code

E. OTHER DETAILS

1	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					
1.1	Police station (1)				1.2 CAS/Case number					
1.3	Charge									
1.4	Outcome									
1.5	Police station (2)				1.6 CAS/Case number					
1.7	Charge									
1.8	Outcome									

2	ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)									
	YES		NO		If yes, submit the following details					
2.1	Police station (1)				2.2 CAS/Case number					
2.3	Offence									
2.4	Police station (2)				2.3 CAS/Case number					
2.6	Offence									

3	HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)									
	YES		NO		If yes, submit the following details					
3.1	Police station (1)				3.2 CAS/Case number					
3.3	Circumstances									
3.7	Details of firearm									
3.5	Police station (2)				3.8 CAS/Case number					
3.7	Circumstances									
3.8	Details of firearm									

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

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

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		<input type="text"/>											
2	Identity/Passport number of interpreter		<input type="text"/>											
3	Residential address		<input type="text"/>								Postal Code		<input type="text"/>	
5	Postal address		<input type="text"/>								Postal Code		<input type="text"/>	
7	Telephone number	7.1 Home	()				7.2 Work	()						
8	Cellphone number					3 Fax	()							
10	E-mail address		<input type="text"/>											
11	Interpreted from (language)		<input type="text"/>				to		<input type="text"/>					

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)

H. PARENTAL CONSENT IN CASE OF A MINOR

1	Recommended				Not recommended			
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2	Name and surname of parent/guardian		<input type="text"/>									
3	Identity/Passport number of parent/guardian		<input type="text"/>									
6	Comment of parent/guardian		<input type="text"/>									
.....												
.....												

