SAPS 521(a)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CEASING TO CARRY ON BUSINESS

Section 146 of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP		١,							THE							
		1	Notific	ation i	efere	nce N	0	T	Ī	Ī		Π	Π	T	T	T	T
		<u> </u>						<u> </u>	⊥			I		Т			1
	DATE RECEIVED																
	B. FOR OFFICIAL USE BY PO	lice s	TATE	TAL 1	MHE	OE T	ue v	OTI	ich.	TION	ie r	en	:N##1				
1	Province				****	<u> </u>	FF I	10111	ICA	, iOiv	1.3 F	t. U.		,			
2	Area		•••••		•••••	••••		•••••			•	•••••	•••••	•••••	•	••••••	
3	Police station	••••••	•••••	•••••	•••••	•••••	••••••		•••••	•••••	•	•••••		•••••		•••••	• • • • • • • • • • • • • • • • • • • •
4	Component code																
5	SAPS 13 reference number			+		_	_		\downarrow		_			1		1	
٠	General firearm transactions register number			_		<u> </u>								_		\perp	
	C. PARTICULARS OF THE HOLDER	OF TH	E LIC	ENC	E, PE	RMI	T, CI	RTI	FICA	TE O	R Al	JTH	ORIZ	ATI	MC		
1	NATURAL PERSON'S DETAILS																
	The state of the s																
1.1	SA ID Passport																
3	Identity number of natural person	-			_			-	_	_	4			_	ļ	-	
4	Passport number of natural person						<u>L</u> j										
6	Surname					-	-			1	5 1	nitials	· .		<u></u>	Ĺ	
	Residential address				<u></u>					7							
8	Postal address									P	ost <u>al</u>	Code					
										9 0	ostal	Code					\vdash
10	Telephone number 19.1 Home ()				10,2	Wark		()					لـــــا		$\vdash \dashv$
10.3	Celiphone number					11			<u>`</u>								
12	E-mail address													_			\neg
13	HIGHER DEPOSITS PETALS																
	JURISTIC PERSON'S DETAILS																
14	Registered company name																
15	Trading as name			 -													
17	FAR number																
	Postal address																_
										18	Post	al Co	ie i	- 1	- 1	- }	- }

17

	SAPS 521(a)
19	Business address
	20 Postal Code
21	Business telephone number 21.1 Work () 21.2 Fax ()
22	E-mail address
23	RESPONSIBLE PERSON'S DETAILS
24	Responsible person (full name and surname)
25	Type of identification (tedicale with an X) SA ID Passport number
26 27	identity number of responsible person
28	Passport number of responsible person
29	Celiphone number
	Physical address *** Postal Code
31	Postal address
	12 Postal Code
33	Reason for ceasing to carry on as a business
	Proceeding to court of the state of the stat
· 4	
34	Date of ceasing to carry on as a business Date
35	Address where firearms will be stored until they are disposed of
	de Postal Code
37	Particulars of the manner in which the firearm(s) will be disposed of

LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION DETAILS

SAPS 521(a)

Details of licence, permit, certificate or authorization Type of licence, permit, certificate or authorization Licence, permit, certificate or authorization number 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.11 1.12 1.13 1.14 1.15 1.16 1.17 1.18 1.19 1.20 1.21 1.22 1.23 1.24 1.25 1.26 1.27 1.28 1.30 1.31 1.32 1.33 1.35 1.36 1.37 1.38 1.39

SAPS 521(a)

2	DECLARATION BY REPORTING PERSON	
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this notification.	
	E. SIGNATURE OF REPORTING PERSON (Sign only if applicable)	
1	2 Date	
	Name of reporting person	_
3	4 Place	
	Signature of reporting person	
	F: (This section must be completed only if the reporting person cannot read or write)	
1	2 Fingerprint designation	
	4	
	Name of reporting person in block letters	
	Place	
_	Right index fingerprint of reporting person	
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION	
6.1	Name of police official in block letters Persal number of police official	
6.3	Name of police official in block letters Persal number of police official 5.4	
	Rank of police official in block letters Signature of police official	
7	PARTICULARS OF WITNESS	
7.1	7.2	
	Name of witness in block letters Persal number of witness	
7.3	7.4	
	Rank of witness in block letters Signature of witness	
	G. PARTICULARS OF INTERPRETER (This section must be completed <u>prity</u> if the reporting person cannot read or write or does not understand the contents of this form.)	
1	Name and surname of interpreter	٦
2	Identity/Passport number of interpreter	
3	Residential address	4
5	⁴ Postal Code	\dashv
	Postal address 6 Postal Code	+
7	Telephone number 7.1 Home () 7.2 Work ()	
8	Cellphone number 9 Fax ()	_
10	E-mail address	+
	Interpreted from (language) to	
	12 Date - D	

ignature of interpreter		Place	,
		16	
ank of police official in block letters (if app	icable)	Persal number of police official (if applicable)	
H. FOR OFFICIAL U	SE BY THE DESIGNATE	D FIREARMS OFFICER/STATION COMMISSIONER	
Results of inspection of firearms			
Newards on Hispectron of Hispaths			
	#		
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			· • • • •
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***************************************	<u></u>		
Address where Breatins are stored		4 · * .	
***************************************	***************************************		
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		a secretario de la companya de la c	

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·		5	_
me of Designated Firearms Officer/Station	Commissioner in block letters	Date - -	L
		7	
nk of Designated Firearms Officer/Station	Commissioner in block letters	/ Place	
S. Seergraded Fireditis Officer/Station	Commissioner in block leffels		

SAPS 521(b)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF ADDRESS

Section 25(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	A.			FOR WH	OFF IERE	ICIA THE	L USE	BY IFIC	THE	POL IN IS	ICE CAI	STA PTUR	TION ED	ų.		
		1 N	lotifica	tion r	eferen	ce No											
		Ь						1					l		L		L
	DATE RECEIVED																

	B. FOR OFFICIAL USE BY POLI	CE SI	TATIC)N V	VHE	RE TI	ÆΝ	OTIF	CAT	ION	IS RI	ECE	IVED				
î. 	Province									· • • • • • • • • • • • • • • • • • • •							
5	Area																
3	Police station															•••••	
4	Component code																
5	General firearm transactions register number								1								
	C. PARTICULARS OF THE HOLDER OF	• 1 FIE	: LIG	:NC	= PE	KMI		ERIIF	ICA	E 0	R AU	11910)RIZ#	11110	N		
1	NATURAL PERSON'S DETAILS																
1.1	SA ID Passport								٠								
2	Identity number of natural person							-					-				
3	Passport number of natural person									T							
4	Surrame										10	itlals					
	Details of new address																
6	Residential address																
										7	Postal	Cod	e		T		
8	Postal address									10000			1	1			
										9	Posta	Cod			T		
10	Telephone number 10.1 Home ()					402	Wot		()			****** <u> </u>				\dashv
10,3	Celliphone number						Fax		(,							
12	E-mail address								`	,							\dashv
			·	···													
13	JURISTIC PERSON'S DETAILS																
14	OTHER RODICS																
	OTHER BODIES																
15	Registered company name																
16	Trading as name																
17	FAR number																

		SAPS 521(b)
	Details of new address	
18	Postal address	
	13 Postal Code	
20	Business address	
	²¹ Postal Code	
22.	Business telephone number 22.1 Work () 22.2 Fax ()	
23	E-mail address	
24	RESPONSIBLE PERSON'S DETAILS	
25	Responsible person (full name and surname)	
26	Type of identification (indicate with an X) SAID Passport rumper	
27	Identify number of responsible person	-
28	Passport number of responsible person	
29	Celiphone number	
30	Physical address	
	st Postal Code	
32	Postal address	
	** Postal Code	
34		
•	Are there additional finance holder(s) licenced to your name?	
	YES NO If yes, submit full defails	
35	ADDITIONAL LICENCE HOLDER(S) PARTICULARS	
35.1	SA ID Passport	
36	Identity number of natural person	TT.I
37	Passport number of natural person	1-1-1
38	Surname 33 Initiats	
1	(1) (2) (3)	(4)
40	Type-of-licence	_(4)
41	Lipence number	
42	Cate issued	
43	Expiry date	
44	DISTRICT APPEARANCE LANGE HAVE BEEN AS A MARKETO THE MENT APPEARANCE.	
	VES NO VES NO	
45	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)	
	YES NO NO	
45.1	IF YES, SUBMIT FULL DETAILS	
	** FEO, SOCHIE FOLL OLIVING	
١		

DECLARATION BY REPORTING PERSON

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

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10

11

Celiphone number

interpreted from (language)

E-mail address

SAPS 521(b) SIGNATURE OF REPORTING PERSON D. (Sign only if applicable) Date Name of reporting person in block letters Place Signature of reporting person (This section must be completed only if the reporting person cannot read or write.) Date Fingerprint designation Name of reporting person in block letters Place Right index fingerprint of reporting person PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION Name of police official in block letters Persal number of police official 6.4 6.3 Signature of police official Rank of police official in block letters PARTICULARS OF WITNESS 7.1 Name of witness in block letters Persal number of witness 7.3 7.4 Signature of witness Rank of witness in block letters PARTICULARS OF INTERPRETER (This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.) Name and surname of interpreter identity/Passport number of interpreter Residential address ⁴ Postal Code Postal address ⁶ Postal Code 7.1 Home 7.2 Work Telephone number

9 Fax

to

	12	******	9555555555										
		Dat	е					-					
Signature of interpreter	14	Plac	tie .										
	16						[- -				
	IREARI												
Name of Designated Firearms Officer/Station Commissioner in block letter	2	Date	е					-			-		
	4	Plac	æ										
Signature of Designated Firearms Officer/Station Commissioner	6				f Des	signat	ed Fir	earms	- Office	cer/Sta	ation		
	Name of Designated Firearms Officer/Station Commissioner in block letter Rank of Designated Firearms Officer/Station Commissioner in block letters	Signature of interpreter Rank of police official (if applicable) G. FOR OFFICIAL USE BY THE DESIGNATED FIREARI Name of Designated Firearms Officer/Station Commissioner in block letters 4 Rank of Designated Firearms Officer/Station Commissioner in block letters	Signature of interpreter Rank of police official (if applicable) Pers G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OF Date of Designated Firearms Officer/Station Commissioner in block letters A Place of Designated Firearms Officer/Station Commissioner in block letters Signature of Designated Firearms Officer/Station Commissioner Personal Personal Personal Pressure A Place of Designated Firearms Officer/Station Commissioner Personal P	Signature of interpreter Rank of police official (if applicable) Persal nur G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICE Name of Designated Firearms Officer/Station Commissioner in block letters Rank of Designated Firearms Officer/Station Commissioner in block letters Signature of Designated Firearms Officer/Station Commissioner Place Persal num Persal	Signature of interpreter Rank of police official (if applicable) Persal number of police official (if applicable) G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/S Name of Designated Firearms Officer/Station Commissioner in block letters 4 Place Rank of Designated Firearms Officer/Station Commissioner in block letters Signature of Designated Firearms Officer/Station Commissioner Persal number of police of interpreters Persal number of police of interpreters of interpr	Signature of interpreter Rank of police official (if applicable) Persal number of police	Signature of interpreter Rank of police official (if applicable) Persal number of police officer	Signature of interpreter Rank of police official (if applicable) Persal number of police offic	Signature of interpreter 16 Rank of police official (if applicable) Persal number of police official (if applicable) G. FOR OFFICIAL USE BY THE DESIGNATED FIREARM'S OFFICER/STATION COMMIS Name of Designated Firearms Officer/Station Commissioner in block letters 4 Place Rank of Designated Firearms Officer/Station Commissioner in block letters Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Persal number of Designated Firearms	Signature of interpreter 16 Persal number of police official (if applicable) Persal number of police official (if applicable) G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSION Name of Designated Firearms Officer/Station Commissioner in block letters 4 Place Rank of Designated Firearms Officer/Station Commissioner in block letters 5 Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station Commissioner	Signature of interpreter 16 Persal number of police official (if applicable) G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER Name of Designated Firearms Officer/Station Commissioner in block letters 4 Place Rank of Designated Firearms Officer/Station Commissioner in block letters Signature of Designated Firearms Officer/Station Commissioner Persal number of police official (if applicable) Persal number of police official (if applicable)	Signature of interpreter 18 Persal number of police official (if applicable) G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER Parsal number of police official (if applicable) 2 Date Name of Designated Firearms Officer/Station Commissioner in block letters 4 Place Rank of Designated Firearms Officer/Station Commissioner in block letters 6 Persal number of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station	Signature of interpreter 16 Persal number of police official (if applicable) G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER Name of Designated Firearms Officer/Station Commissioner in block letters 4 Place Rank of Designated Firearms Officer/Station Commissioner in block letters 6 Persal number of Designated Firearms Officer/Station Commissioner 8 Persal number of Designated Firearms Officer/Station Commissioner

SAPS 521(c)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE IN CIRCUMSTANCES

Section 26(1), 38(1), 52(1) and 66(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED												
		¹ No	tificatio	n refere	nce No		T							T
							-							
	DATE RECEIVED													
	B. FOR OFFICIAL USE BY POLIC	CE STA	ATION	WHE	RE THE	NOTIF	ICA	TION	IS R	ECE	IVED			
1	Province												<u> </u>	
2	Area	•••••	······			•••••		•••••			•••••		•••••	
. 3	Police station	••••••	•••••							•••••				
4	Component code				••••••		•••••		•••••	•••••		•••••		
5	General firearm transactions register number						T					T	T	
									-					
	c. PARTICULARS OF THE HOLDER OF	THE	LICEN	CE, P	ERMIT,	CERTI	FICA	TE C	RA	JTH	ORIZ/	ATION		
1	NATURAL PERSON'S DETAILS													
1.1	SA ID Passport													
2	identity number of natural person	ПТ	T	T		Τ.					- 1	T	Τ.	TI
3	Passport number of natural person	1	_	+	 				\neg			\top	1	11
4	Surname	<u> </u>			11				6	nitials		_	\top	
6	Residential address													
	·							7	Posta	il Cod	ie			\top
8	Postal address													
								9	Post	al Co	de .	T		$\top \top$
10	Telephone number 10.3 Home ()			10.2	Vork	()						-
10.3	Cellphone number				11 F8	** *********	()						
12	E-mail address													
13														
	JURISTIC PERSON'S DETAILS													
14	OTHER BODIES													
15	Registered company name													
16	Trading as name													
17	FAR number		T	T	IT									
18	Postal address													

	SAPS 521(c)
	¹⁹ Postal Code
20	Business address
	· ²¹ Postal Code
22	Business telephane number 22,1 Work () 22,2 Fax ()
23	E-mail address
24	RESPONSIBLE PERSON'S DETAILS
25	Responsible person (full name and surname)
26	Type of identification (indicate with an X) SAID Passport number
27	Identity number of responsible person.
28	Passport number of responsible person
29	Celiphone number
30	Physical address
	³¹ Postal Code
32	Postal address
	²³ Posial Code
34	DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
35	Licence, permit, certificate or Licence, permit, certificate or authorization number Date issued
	authorization type
ne	
16	OTHER INFORMATION
37	Description of change in circumstances
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}	

SAPS 521(c)

notification.
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this form.)

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			SAPS 521(c)
		12 Date -	-
13	Standard 1994	14 Place	
15	Signature of interpreter Rank of police official in block letters (if applicable)	16	
		Persal number of police official (if applicable)	
1	Name of Designated Firearms Officer/Station Commissioner in block let	2 Date -	-
3	Rank of Designated Firearms Officer/Station Commissioner in block lette	4 Place	
5		6	
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Sta Commissioner	tion

SAPS 521(d)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF COMMERCIAL AGENT PREMISES Section 37(1), 51(1) and 65(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A. FOR WH	OFFICIAL US ERE THE NO	E BY TH	E POLIC ON IS C	E STATI APTURE	ON D	
	¹ Notification referen	ice No					
DATE RECEIVED							
B. FOR OFFICIAL USE BY PO	LICE STATION WHER	E THE NOTIF	ICATION	IS RECI	EIVED		
Province							
Area		•••••••••••••••••••••••••••••••••••••••	************			•••••	•••••••
Police station:			••••••	•••••	••••••	••••••	••••••
Component code				•••••		••••••••	*********
General firearm transactions register number							
c, FOR OFFICIAL USI	BY THE CENTRAL F	IREARMS RE	CISTED	(CEP)			
[†] Outstanding/Additional information required		inchiono no	JUGILA	(GI IV)			
		•	••••••		••••••	•••••	
						••••••	
		••••				•••••	
	rsal number				a	Date	
	Sta (GA)DET			L-1		Date	
⁴ Signature of police official		5 1	Vame in blo	ck letters			
Application for new premises approved (Indicate with an X)							
Per	sal number			-	8	Date	
							1
⁹ Signature of deciding officer	10 Officer code	11	Name in b	lack letters			1
12 Application for new premises refused (Indicate with an X)		ın(s) for refusal					
(Transactive value at 1 A)							
		•••••	•••••			······································	
		••••••		•••••••••			
	· · · · · · · · · · · · · · · · · · ·				- Davidson		
	sal number			-	15	Date	
							1
¹⁶ Signature of deciding officer	17 Officer code	18 N	lame in boo	k letters			

SAPS 521(d)

	D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH
1	Specify type of licence (Indicate with an X)
1.1 1.2 1.3 1.4 1.5	To trade in firearms and ammunition To trade in ammunition To manufacture frearms To manufacture ammunition To conduct business as a gunsmith
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
1.1	SA ID Passport
3	Identity number of natural person
4	Passport number of hatural person 5 Inflats
6	Residential address
	Postal Code
8	Postal address
10	Telephone number 40.1 Home () 40.2 Work ()
10.3	Cellphone number 11 Fax ()
12	E-mail acidress
13	JURISTIC PERSON'S DETAILS
14	OTHER BODIES
15	Registered company name
16 17	Trading as name
18	FAR number Company registration or CC number
19	Postal address
	²⁵ Postal Code
21	Business address
23	Bustiness 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 (tedicals with an X) SA ID Passport millioner
28	fdentity/Passport number of responsible person

		PS 521(d)
29	Caliphone number	
30	Physical address	
32	11 Postat Code	
	Postal aiddress 11 Postal Code	
		لسليم
	F. DETAILS OF EXISTING LICENCE	
1	Licence type Licence number Date issued Expiry date	
2	DETAILS OF PREMISES	
3	FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED	
	Address	
	Postal Code	$\neg\dashv$
4	CLASSIFICATION OF PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)	
;	DESCRIPTION OF THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS	
	THE STREET OF TH	
	DESCRIPTION OF THE ALARM SYSTEM	
	LOCATION AND DETAILS OF SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT	
	DESCRIPTION OF THE BURGLAR PROOFING	
ľ	DESIGNATION OF THE DEVICE PRODUING	
	DESCRIPTION OF OTHER SECURITY FEATURES	
-		

SAPS 521(d) DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION WHICH LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS AND 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 11 Date of commencement of business on new premises Date 12 DECLARATION BY APPLICANT 1 am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement on this notification. SIGNATURE OF APPLICANT (Sign only if applicable) Date Name of applicant in block letters Place Signature of applicant This section must be completed only if the applicant cannot read or write) Date Fingerprint designation Name of applicant in block letters 5 Place Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION Name of police official in block letters Persal number of police official 6.3 6.4 Rank of police official in block letters Signature of police official PARTICULARS OF WITNESS 7.1 Name of witness in block letters in block letters Persal number of witness 7,3 7.4

Signature of witness

Rank of witness in block letters

	SAPS 521(d)
	L PARTICULARS OF INTERPRETER
	(This section must be completed only if the applicant cannot raid or write or does not understand the contents of this form.)
1	Name and surrainse of interpreter
2	identity/Passport number of interpreter
3	Residential address
	⁴ Postal Code
5	Postal address
	Fusial adultess
7	
8	1
10	Caption to tomes
11	E-mail address interpreted from (language) to
	megrenes rom (anguage)
	12 Date
13	14 700-22
	Signature of interpreter
15	16
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)
	1 FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPLICATION
1	RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended
1 2	Recommended Not recommended
	Recommended Not recommended
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises

SAPS 521(d)

4	Recommendation regarding the application	
5		6 Date
	Name of Designated Firearms Officer/Station Commissioner in block letters	
,		8 Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters	
3		10 -
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station