



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR LICENCE TO POSSESS A FIREARM

Section 12, 13, 14, 15, 16, 17, 19 and 20 of the 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	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
² Number of application	<input style="width: 100%;" type="text"/>			of	<input style="width: 100%;" type="text"/>

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED

¹ Province	<input style="width: 100%;" type="text"/>		
² Area	<input style="width: 100%;" type="text"/>		
³ Police station	<input style="width: 100%;" type="text"/>		
⁴ Component code	<input style="width: 100%;" type="text"/>		
⁵ Firearm applications register reference No	SAPS 86	NO <input style="width: 100%;" type="text"/>	YEAR <input style="width: 100%;" type="text"/>

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)

¹ Outstanding/Additional information required	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>	-	² Persal number <input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
⁴ Signature of police official <input style="width: 100%;" type="text"/>		⁵ Name in block letters <input style="width: 100%;" type="text"/>	
⁶ Application for licence approved (Indicate with an X) <input type="checkbox"/>			
<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>	-	⁷ Persal number <input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
⁹ Signature of CFR officer <input style="width: 100%;" type="text"/>		¹⁰ Officer code <input style="width: 100%;" type="text"/>	
⁹ Signature of CFR officer <input style="width: 100%;" type="text"/>		¹¹ Name in block letters <input style="width: 100%;" type="text"/>	
¹² Application for licence refused (Indicate with an X) <input type="checkbox"/>			
¹³ Reason(s) for refusal <input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>			
<input style="width: 100%;" type="text"/>	-	¹⁴ Persal number <input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-
¹⁶ Signature of CFR officer <input style="width: 100%;" type="text"/>		¹⁷ Officer code <input style="width: 100%;" type="text"/>	
¹⁶ Signature of CFR officer <input style="width: 100%;" type="text"/>		¹⁸ Name in block letters <input style="width: 100%;" type="text"/>	

D. TYPE OF APPLICATION FOR A LICENCE TO POSSESS A FIREARM(S)

¹ Main firearm licence holder ² Additional firearm licence holder (Indicate with an X)

Section number	Type of licence/permit	Period of validity	X
3.1	13 Licence to possess a firearm for self-defence	Five years	
3.2	14 Licence to possess a restricted firearm for self-defence	Two years	
3.3	15 Licence to possess a firearm for occasional hunting and/or sport-shooting	Ten years	
3.4	16 Licence to possess a firearm for dedicated hunting and/or dedicated sport-shooting	Ten years	
3.5	17 Licence to possess a firearm in a private collection	Ten years	
3.6	19 Licence to possess a firearm, in a public collection	Ten years	
3.7	20 Licence to possess a firearm for business purposes: Business in hunting	Five years	
3.8	20 Licence to possess a firearm for business purposes: Other business purposes	Two years	
3.9	20 Licence to possess a firearm for business purposes: For use in theatrical, film and TV productions	Two years	
3.10	20 Licence to possess a firearm for business purposes: As a security business	Two years	
3.11	20 Licence to possess a firearm for business purposes: For training purposes	Two years	
3.12	20 Licence to possess a firearm for business purposes: As a game rancher	Two years	

E. DESCRIPTION OF FIREARM (Indicate with an X)

TYPE OF FIREARM

1	Rifle <input type="checkbox"/>	Shotgun <input type="checkbox"/>	Handgun <input type="checkbox"/>	Combination <input type="checkbox"/>
	Other, specify (armament/indeterminable design type)			

DETAILS OF FIREARM (Indicate with an X)

1.1	Action	Semi-automatic <input type="checkbox"/>	Automatic <input type="checkbox"/>	Manual <input type="checkbox"/>
		Other action (specify)		

1.2 Names and addresses engraved in the metal

1.3	Calibre	1.4 Calibre code
1.5	Make	
1.6	Model	

Firearm component type:

1.7	Barrel serial number	1.8 Make
1.9	Frame serial number	1.10 Make
1.11	Receiver serial number	1.12 Make

F. PARTICULARS OF CURRENT OWNER

1 **Type of owner (Indicate with an X)**

1.2	A Private owner <input type="checkbox"/>	B Firearm dealer <input type="checkbox"/>	C Company <input type="checkbox"/>	D Imported firearm <input type="checkbox"/>	E Estate <input type="checkbox"/>
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2 **NATURAL PERSON'S DETAILS**

3

TYPE A (Private owner)

4

Surname		⁵ Initials							
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6

Full names	
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7

Identity number									-							-						-				
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8

Residential address	
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10

Postal address		⁹ Postal Code				
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12

Telephone number	^{12.1} Home	()	^{12.2} Work	()
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12.3

Cellphone number		¹³ Fax	()
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14

E-mail address	
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15

Are there any additional firearm licence holders for this firearm? (Indicate with an X)	YES		NO
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16

JURISTIC PERSON'S DETAILS

17

TYPE B (Firearm dealer)

18

Registered company name	
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19

Trading as name	
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20

FAR number																
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21

Postal address	
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23

Business address		²² Postal Code				
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25

Business telephone number	^{25.1} Work	()	^{25.2} Fax	()
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26

E-mail address	
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27

Responsible person (Name and surname)	
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28

Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*	
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29

Identity number of responsible person										-						-										
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30

Cellphone number	
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31

Physical address	
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33

Postal address		³² Postal Code				
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35

SAP 350 (A) DETAILS
Firearm received from

36

Name	
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37

Identification number or FAR number																			
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38

Address	
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39

Postal code					⁴⁰ Date received							-					-							
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* In case of a non-SA citizen proof of permanent residence must be submitted.

41 **TYPE C (Companies)**

42	Registered company name																		
43	Trading as name																		
44	FAR number																		
45	Postal address																		
														46 Postal Code					
47	Business address																		
														48 Postal Code					
49	Business telephone number	49.1 Work	()	49.2 Fax	()												
50	E-mail address																		
51	Responsible person (Name and surname)																		
52	Type of identification (Indicate with an X)	SA citizen					Non-SA citizen with permanent residence*												
53	Identity number of responsible person							-						-				-	
54	Cellphone number																		
55	Physical address																		
														56 Postal Code					
57	Postal address																		
														58 Postal Code					

59 **TYPE D (Imported firearms)**

60	Import permit number																		
61	Date issued													-				-	
62	Expiry date													-				-	

63 **TYPE E (Estate)**

64 **Type of estate** (Indicate with an X)

65	Executorship		Administratorship		Curatorship		Trust												
66	Surname													67 Initials					
68	Full names																		
69	Identity number of the owner of the firearm							-						-				-	
70	Name and surname of executor, administrator, curator, trustee or liquidator																		
71	Type of identification (Indicate with an X)	Non-SA citizen with permanent residence*					SA citizen												
72	Identity number of executor, administrator, curator, trustee or liquidator							-						-				-	
73	Telephone number	73.1 Home	()	73.2 Work	()												
73.3	Cellphone number											74 Fax	()					
75	Physical address																		
														76 Postal Code					
77	Postal address																		
														78 Postal Code					

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

79

Physical address where firearm(s) is kept							
			⁸⁰ Postal Code				

81 **DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)**

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to sell or supply it to the applicant once the necessary licence(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

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.

82 Name and surname of current owner/authorized person																			
83 Identification number of current owner/authorized person								-								-			

84 Designation			85 Date									-				-			
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86	87 Place	
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Signature of current owner/authorized person

G. PARTICULARS OF APPLICANT (Complete only the section that has bearing on you.)

1 **PARTICULARS OF EXISTING COMPETENCY CERTIFICATE** (Indicate with an X)

1.1	A	Competency certificate to trade in firearms																																			
1.2	B	Competency certificate to manufacture firearms																																			
1.3	C	Competency certificate to conduct business as a gunsmith																																			
1.4	D	Competency certificate to possess a firearm (Indicate with an X)																																			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Handgun</td> <td style="width: 5%;"></td> <td style="width: 30%;">Rifle</td> <td style="width: 5%;"></td> <td style="width: 30%;">Shotgun</td> <td style="width: 5%;"></td> </tr> </table>	Handgun		Rifle		Shotgun																														
Handgun		Rifle		Shotgun																																	
1.5	Competency certificate number																																				
1.6	Date of issue						-												^{1.7} Expiry date																		

2 **DETAILS OF FIREARMS IN YOUR POSSESSION AND FOR WHICH YOU HAVE A LICENCE, PERMIT OR AUTHORIZATION**

2.1	Type	Calibre	Make	Barrel Serial No	Frame/receiver Serial No	Licence/permit authorization No

3 **NATURAL PERSON'S DETAILS**

4 **PRIVATE PERSON**

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

5.1 SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
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6 Identity number of private person																	
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7 Surname		8 Initials				
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9 Full names	
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10 Date of birth												11 Age						12 Gender	Male	Female
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13 Residential address	
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	14 Postal Code				
--	----------------	--	--	--	--

15 Postal address	
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	16 Postal Code				
--	----------------	--	--	--	--

17 Type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)	
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18 Trade or profession		19 If self-employed, specify	
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20 Name of employer/company	
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21 Business address	
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	22 Postal Code				
--	----------------	--	--	--	--

23 Telephone number	23.1 Home	()	23.2 Work	()
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23.3 Cellphone number		24 Fax	()
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25 E-mail address	
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26 **Marital status** (Indicate with an X)

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
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Other (specify)	
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* In case of a non-SA citizen proof of permanent residence must be submitted

28 **PARTICULARS OF APPLICANT'S SPOUSE/PARTNER**

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

29.1 SA ID Passport

30 Identity number of spouse - - -

31 Passport number of spouse

32 Name and surname

33 **JURISTIC PERSON'S DETAILS**

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

35 Registered company name

36 Trading as name

37 FAR number

38 Postal address

³⁹ Postal Code

40 Business address

⁴¹ Postal Code

42 Business telephone number ^{42.1} Work () ^{42.2} Fax ()

43 E-mail address

44 Number of firearms already registered to the business

45 Number of persons employed by the business to handle firearms

46 Responsible person (Name and surname)

47 Type of identification (Indicate with an X) SA citizen Non-SA citizen with permanent residence*

48 Identity number of responsible person - - -

49 Cellphone number

50 Physical address

⁵¹ Postal Code

52 Postal address

⁵³ Postal Code

54 **OTHER DETAILS** (Applicable to dedicated hunters, dedicated sports-persons or collectors only.)

55 Are you a member of an accredited association? (Indicate with an X) YES NO If yes, submit the following details

56 State name of accredited association

57 FAR number of accredited association

58 Membership number ⁵⁹ Date joined - -

⁶⁰ Expiry date - -

61 Motivation of purpose for which the firearm is required (Applicable to all types of applications)

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

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
62.1	Police station ⁽¹⁾			62.2 CAS/Case number
62.3	Charge			
62.4	Outcome			
62.5	Police station ⁽²⁾			62.6 CAS/Case number
62.7	Charge			
62.8	Outcome			

63 **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
63.1	Police station ⁽¹⁾			63.2 CAS/Case number
63.3	Offence			
63.4	Police station ⁽²⁾			63.5 CAS/Case number
63.6	Offence			

64 **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
64.1	Police station ⁽¹⁾			64.2 CAS/Case number
64.3	Circumstances			
64.7	Details of firearm			
64.5	Police station ⁽²⁾			64.6 CAS/Case number
64.7	Circumstances			
64.8	Details of firearm			

65 **WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
65.1	Police station ⁽¹⁾			65.2 CAS/Case number
65.3	Charge			65.4 Outcome
65.5	Police station ⁽²⁾			65.6 CAS/Case number
65.7	Charge			65.8 Outcome

66 **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
66.1	Police station ⁽¹⁾			66.2 CAS/Case number
66.3	Charge			
66.4	Date from			66.5 Period
66.6	Police station ⁽²⁾			66.7 CAS/Case number
66.8	Charge			
66.9	Date from			66.10 Period

67 **HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
67.1	Police station ⁽¹⁾			67.2 CAS/Case number
67.3	Circumstances			67.4 Outcome

67.5	Police station ⁽²⁾		67.6	CAS/Case number	
67.7	Circumstances		67.8	Outcome	

68 DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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68.1 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"/>			

69 IS SAFE MOUNTED? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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69.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X)

Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>
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70 DECLARATION BY APPLICANT

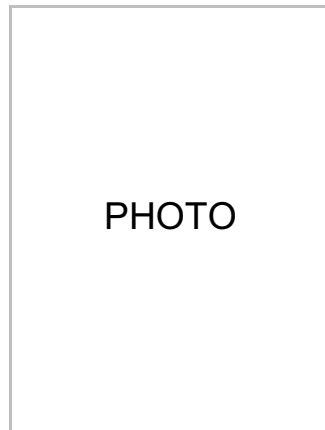
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

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.

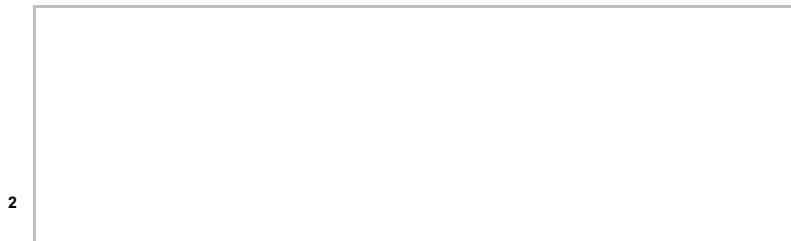


1

⁴ Fingerprint designation



3



2

Signature

5

Name of applicant in block letters

6 Date - -

7 Place

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

8.1 [Text box]
Name of police official in block letters

8.2 [Grid]
Persal number of police official

8.3 [Text box]
Rank of police official in block letters

8.4
Signature of police official

PARTICULARS OF WITNESS

9.1 [Text box]
Name of witness in block letters

9.2 [Grid]
Persal number of witness

9.3 [Text box]
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
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 [Grid]

13
Signature of interpreter

14 Place [Text box]

15 [Text box]
Rank of police official in block letters (if applicable)

16 [Grid]
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
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.....
.....
.....

5

Date						-								
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7

Place	
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6
Signature of parent/guardian

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

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

K. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

REPORT OF DESIGNATED FIREARMS OFFICER IN THE CASE OF A RESTRICTED FIREARM FOR SELF-DEFENCE

Place where the applicant resides (indicate with an X)	urban area		rural area		farm		smallholding	
	other							

If the applicant resides in a rural area/on a farm or smallholding, state the following

3.1 Distance to nearest neighbours		metre/kilometre
3.2 Distance to nearest police station		metre/kilometre

4 Does the applicant reside near/not near a high-risk/crime-rated area? If the applicant resides near a crime-rated area submit motivation

5 Does the applicant reside or work in a dangerous area or a high-risk area? If yes, submit motivation.

6 Is the applicant a (Indicate with an X)	dedicated hunter		dedicated sports-person		private collector		public collector	
6.1 How many firearms does the applicant possess?								

L. RECOMMENDATION REGARDING THE APPLICATION (Applicable to all types of applications)

Recommended		Not recommended	
1.1 Motivation regarding the application			

1.2

Report regarding the physical inspection of the applicant's safeguarding facilities	

2

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Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date							-					-			
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4

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Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place															
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6

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Signature of Designated Firearms Officer/Station Commissioner

7

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Persal number of Designated Firearms Officer/Station Commissioner