

D. TYPE OF FURTHER COMPETENCY CERTIFICATE (Indicate with an X)

1	A	To trade in firearms		
2	B	To manufacture firearms		
3	C	To conduct business as a gunsmith		
4	D	To possess a firearm (indicate with X)		
		Handgun		Rifle
				Shotgun

E. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identity number			-
4	Surname			⁵ Initials
6	Full names			
7	Residential address			
				⁸ Postal Code
9	Postal address			
				¹⁰ Postal Code
11	Telephone number	^{11.1} Home	()	^{11.2} Work ()
11.3	Cellphone number			¹² Fax ()
13	E-mail address			
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			

F. PARTICULARS OF CURRENT/PREVIOUS COMPETENCY CERTIFICATE ISSUED TO APPLICANT

1	Type of competency certificate																				
2	Competency certificate number																				
3	Date of issue				-				-					⁴ Expiry date				-			

ARE YOU A MEMBER OF AN ACCREDITED ASSOCIATION? (Indicate with an X)

5	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details																
6	Name of accredited association																				
7	Membership number													⁸ Date joined				-			

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

9

OTHER INFORMATION

10

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	
10.1	Police station ⁽¹⁾	10.2	CAS/Case number
10.3	Charge		
10.4	Outcome		
10.5	Police station ⁽²⁾	10.6	CAS/Case number
10.7	Charge		
10.8	Outcome		

11

ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)			
YES	NO	If yes, submit the following details	
11.1	Police station ⁽¹⁾	11.2	CAS/Case number
11.3	Offence		
11.4	Police station ⁽²⁾	11.5	CAS/Case number
11.6	Offence		

12

HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)			
YES	NO	If yes, submit the following details	
12.1	Police station ⁽¹⁾	12.2	CAS/Case number
12.3	Circumstances		
12.7	Details of firearm		
12.5	Police station ⁽²⁾	12.6	CAS/Case number
12.7	Circumstances		
12.8	Details of firearm		

13

WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)			
YES	NO	If yes, submit the following details	
13.1	Police station ⁽¹⁾	13.2	CAS/Case number
13.3	Charge	13.4	Outcome
13.5	Police station ⁽²⁾	13.6	CAS/Case number
13.7	Charge	13.8	Outcome

14

HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)			
YES	NO	If yes, submit the following details	
14.1	Police station ⁽¹⁾	14.2	CAS/Case number
14.3	Charge		
14.4	Date from	14.5	Period
14.6	Police station ⁽²⁾	14.7	CAS/Case number
14.8	Charge		
14.9	Date from	14.10	Period

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			
15.1	Police station ⁽¹⁾	15.2	CAS/Case number
15.3	Circumstances	15.4	Outcome
15.5	Police station ⁽²⁾	15.6	CAS/Case number
15.7	Circumstances	15.8	Outcome

16 DECLARATION BY APPLICANT

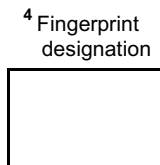
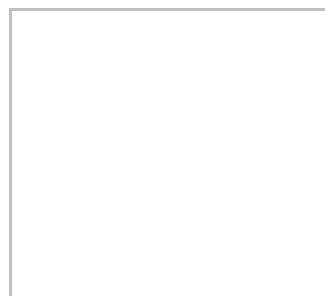
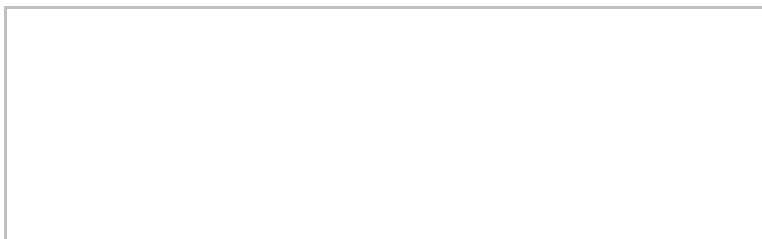
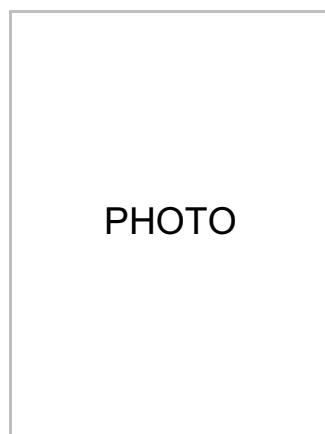
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

G. 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.



5

Name of applicant in block letters

6

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
------	----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

7

Place	<input type="text"/>
-------	----------------------

8 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

8.1

Name of police official in block letters

8.2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	---	----------------------

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	---	----------------------

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

J. RECOMMENDATION (To be completed by the Designated Firearms Officer/Station Commissioner)

RECOMMENDATION REGARDING THE APPLICATION

Recommended

Not recommended

Motivation

Area with horizontal dotted lines for writing motivation.

[Empty box for name]

Name of Designated Firearms Officer/Station Commissioner in block letters

Date [][][][] - [][][] - [][][]

[Empty box for rank]

Rank of Designated Firearms Officer/Station Commissioner in block letters

Place [Empty box]

[Empty box for signature]

Signature of Designated Firearms Officer/Station Commissioner

Persal number [][][][][][][][] - [][][]

Persal number of Designated Firearms Officer/Station Commissioner