



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									
² Number of application					of				

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								C	C	Y	Y	-	M	M	-	D	D	³ Date
..... ⁴ Signature of police official									 ⁵ Name in block letters								
⁶ Application for licence approved (Indicate with an X)																		
.....																		
⁷ Persal number								C	C	Y	Y	-	M	M	-	D	D	⁸ Date
..... ⁹ Signature of CFR officer									 ¹⁰ Officer code ¹¹ Name in block letters							
¹² Application for licence refused (Indicate with an X)																		
.....																		
¹³ Reason(s) for refusal																		
.....																		
.....																		
¹⁴ Persal number								C	C	Y	Y	-	M	M	-	D	D	¹⁵ Date
..... ¹⁶ Signature of CFR officer									 ¹⁷ Officer code ¹⁸ Name in block letters							

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

¹ Main firearm licence holder	<input type="checkbox"/>	² Additional firearm licence holder	<input type="checkbox"/>	(Indicate with an X)
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Section number	Type of licence/permit	Period of validity	X
3.1	13 Licence to possess a firearm for self-defence	Five years	<input type="checkbox"/>
3.2	14 Licence to possess a restricted firearm for self-defence	Two years	<input type="checkbox"/>
3.3	15 Licence to possess a firearm for occasional hunting and/or sport-shooting	Ten years	<input type="checkbox"/>
3.4	16 Licence to possess a firearm for dedicated hunting and/or dedicated sport-shooting	Ten years	<input type="checkbox"/>
3.5	16A Licence to possess a firearm for professional hunting	Ten years	<input type="checkbox"/>
3.6	17 Licence to possess a firearm in a private collection	Ten years	<input type="checkbox"/>
3.7	19 Licence to possess a firearm, in a public collection	Ten years	<input type="checkbox"/>
3.8	20 Licence to possess a firearm for business purposes: business as game rancher and in hunting	Ten years	<input type="checkbox"/>
3.9	20 Licence to possess a firearm for business purposes: Other business purposes	Five years	<input type="checkbox"/>
3.10	20 Licence to possess a firearm for business purposes: For use in theatrical, film and TV productions	Five years	<input type="checkbox"/>
3.11	20 Licence to possess a firearm for business purposes: As a security business	Five years	<input type="checkbox"/>
3.12	20 Licence to possess a firearm for business purposes: For training purposes	Five years	<input type="checkbox"/>
3.13	20 Licence to possess a firearm for business purposes: As a game rancher	Five years	<input type="checkbox"/>

E. DESCRIPTION OF FIREARM (Indicate with an X)

TYPE OF FIREARM

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

DETAILS OF FIREARM (Indicate with an X)

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

1.2 Names and addresses engraved in the metal

1.3 Calibre	<input type="text"/>	1.4 Calibre code	<input type="text"/>
1.5 Make	<input type="text"/>		
1.6 Model	<input type="text"/>		

Firearm component type:			
1.7 Barrel serial number	<input type="text"/>	1.8 Make	<input type="text"/>
1.9 Frame serial number	<input type="text"/>	1.10 Make	<input type="text"/>
1.11 Receiver serial number	<input type="text"/>	1.12 Make	<input type="text"/>

F. PARTICULARS OF CURRENT OWNER

Type of owner (Indicate with an X)

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																
6	Full names																		
7	Identity number								-										
8	Residential address																		
		9 Postal Code																	
10	Postal address																		
		11 Postal Code																	
12	Telephone number	12.1 Home	()									12.2 Work	()						
12.3	Cellphone number									13 Fax	()								
14	E-mail address																		
15	Are there any additional firearm licence holders for this firearm? (Indicate with an X)								YES		<input type="checkbox"/>	NO		<input type="checkbox"/>					

16

JURISTIC PERSON'S DETAILS

17

TYPE B (Firearm dealer)

18	Registered company name																		
19	Trading as name																		
20	FAR number																		
21	Postal address																		
		22 Postal Code																	
23	Business address																		
		24 Postal Code																	
25	Business telephone number	25.1 Work	()									25.2 Fax	()						
26	E-mail address																		
27	Responsible person (Name and surname)																		
28	Type of identification (Indicate with an X)	SA citizen								<input type="checkbox"/>	Non-SA citizen with permanent residence*								
29	Identity number of responsible person									-									
30	Cellphone number																		
31	Physical address																		
		32 Postal Code																	
33	Postal address																		
		34 Postal Code																	

35

SAP 350 (A) DETAILS

Firearm received from

36	Name																			
37	Identification number or FAR number																			
38	Address																			
39	Postal code									40 Date received	C	C	Y	Y	-	M	M	-	D	D

* 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							C	C	Y	Y	-	M	M	-	D	D
62	Expiry date							C	C	Y	Y	-	M	M	-	D	D

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 person handling the estate												-				-
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

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	C	C	Y	Y	-	M	M	-	D	D	11 Age				12 Gender	Male	Female
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13 Residential address					
	14 Postal Code				

15 Postal address					
	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					
	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"/>
Other (specify)									

* 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	<input type="checkbox"/>	Passport	<input type="checkbox"/>
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30 Identity number of spouse

										-						-			-											
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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 and 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				C	C	Y	Y	-	M	M	-	D	D
				⁶⁰ Expiry date				C	C	Y	Y	-	M	M	-	D	D	
61	Motivation of purpose for which the firearm is required. (Applicable to all types of applications)																	

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

YES		NO	
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68.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)

Type of safe	Handgun		Rifle	
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Strongroom	
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Device	
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69 IS SAFE MOUNTED? (Indicate with an X)

YES		NO	
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69.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)

Wall		Floor	
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70 DECLARATION BY APPLICANT

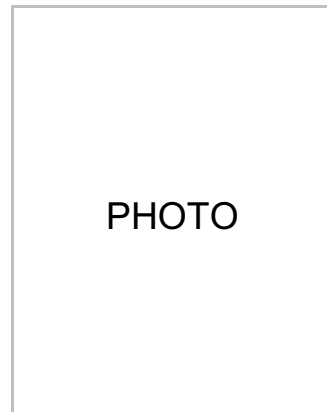
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

H. SIGNATURE OF APPLICANT (Sign only if applicable)

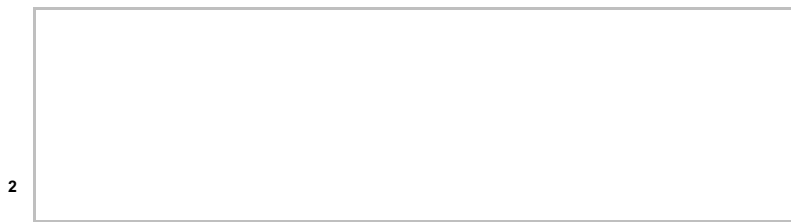
Note:

The requirements of the photo:

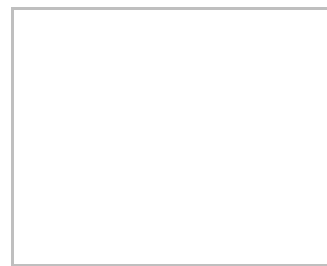
- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or 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.



⁴ Fingerprint designation



Signature



5

Name of applicant in block letters

6

Date	C	C	Y	Y	-	M	M	-	D	D
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7

Place	<input style="width: 90%; height: 20px;" type="text"/>
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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	
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2

Identity/Passport number of interpreter	
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3

Residential address	
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	⁴ Postal Code	
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5

Postal address	
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				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

C	C	Y	Y	-	M	M	-	D	D
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14 Place

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Signature of interpreter

15

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Rank of police official in block letters (if applicable)

16

								-	
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Persal number of police official (if applicable)

J. PARENTAL CONSENT IN CASE OF A MINOR

1	Recommended		Not recommended	
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2	Name and surname of parent/guardian														
3	Identity/Passport number of parent/guardian														
4	Comments of parent/guardian	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>													

5 Date

C	C	Y	Y	-	M	M	-	D	D
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7 Place

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Signature of parent/guardian

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

8.1

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Name of police official in block letters

8.2

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Persal number of police official

8.3

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Rank of police official in block letters

8.4

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Signature of police official

PARTICULARS OF WITNESS

9.1

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Name of witness in block letters

9.2

								-	
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Persal number of witness

9.3

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Rank of witness in block letters

9.4

.....

Signature of witness

***** 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	
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6.1 How many firearms does the applicant possess?

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

Recommended			Not recommended		
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7.1 Motivation regarding the application

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

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8

Name of Designated Firearms Officer/Station Commissioner in block letters

9 Date

C	C	Y	Y	-	M	M	-	D	D
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10

Rank of Designated Firearms Officer/Station Commissioner in block letters

11 Place

12

Signature of Designated Firearms Officer/Station Commissioner

13

Persal number of Designated Firearms Officer/Station Commissioner