



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									
<sup>1</sup> Application reference No									
<sup>2</sup> 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)																	
<sup>1</sup> Outstanding/Additional information required																	
.....																	
.....																	
.....																	
						<sup>2</sup> Persal number	C	C	Y	Y	-	M	M	-	D	D	<sup>3</sup> Date
.....																	
<div style="display: flex; justify-content: space-between;"> <span><sup>4</sup> Signature of police official</span> <span><sup>5</sup> Name in block letters</span> </div>																	
<sup>6</sup> Application for licence approved (Indicate with an X)																	
.....																	
						<sup>7</sup> Persal number	C	C	Y	Y	-	M	M	-	D	D	<sup>8</sup> Date
.....																	
<div style="display: flex; justify-content: space-between;"> <span><sup>9</sup> Signature of CFR officer</span> <span><sup>10</sup> Officer code</span> <span><sup>11</sup> Name in block letters</span> </div>																	
<sup>12</sup> Application for licence refused (Indicate with an X)																	
<sup>13</sup> Reason(s) for refusal																	
.....																	
.....																	
.....																	
						<sup>14</sup> Persal number	C	C	Y	Y	-	M	M	-	D	D	<sup>15</sup> Date
.....																	
<div style="display: flex; justify-content: space-between;"> <span><sup>16</sup> Signature of CFR officer</span> <span><sup>17</sup> Officer code</span> <span><sup>18</sup> Name in block letters</span> </div>																	

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

<sup>1</sup> Main firearm licence holder	<input type="checkbox"/>	<sup>2</sup> 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)**

<b>Action</b>	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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**NATURAL PERSON'S DETAILS****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"/>											

**JURISTIC PERSON'S DETAILS****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*								<input type="checkbox"/>											
29	Identity number of responsible person															-							-					-		
30	Cellphone number																													
31	Physical address																													
																		32 Postal Code												
33	Postal address																													
																		34 Postal Code												

**SAP 350 (A) DETAILS**

35	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	<b>Type of estate</b> (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

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

**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	C	C	Y	Y	-	M	M	-	D	D
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86 Signature of current owner/authorized person		87 Place	
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**G. PARTICULARS OF APPLICANT** (Complete only the section that has bearing on you.)

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

1.1	Competency certificate to possess a Firearm																					
1.2	Competency certificate to trade in Firearms																					
1.3	Competency certificate to manufacture Firearms																					
1.4	Competency certificate to conduct business as a Gunsmith																					
1.5	Competency certificate to possess a firearm as a Private Collector for a specific category																					
1.6	Competency Certificate to possess a muzzle loading firearm																					
	Handgun		Rifle																			
			Shotgun																			
			Hand Machine Carbine																			
1.7	Competency certificate number																					
1.8	Date of issue	C	C	Y	Y	-	M	M	-	D	D	1.9 Expiry date	C	C	Y	Y	-	M	M	-	D	D

**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"/>																
6	Identity number of private person								-					-				-		
7	Surname																<sup>8</sup> Initials			
9	Full names																			
10	Date of birth	C	C	Y	Y	-	M	M	-	D	D	<sup>11</sup> Age				<sup>12</sup> Gender	Male	Female		
13	Residential address																			
15	Postal address																			
17	Type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)																			
18	Trade or profession												<sup>19</sup> If self-employed, specify							
20	Name of employer/company																			
21	Business address																			
23	Telephone number	<sup>23.1</sup> Home	(	)	<sup>23.2</sup> Work	(	)													
23.3	Cellphone number						<sup>24</sup> Fax	(	)											
25	E-mail address																			

26 **Marital status (Indicate with an X)**

27	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"/>																		
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

<sup>39</sup> Postal Code

40 Business address

<sup>41</sup> Postal Code

42 Business telephone number <sup>42.1</sup> Work ( ) <sup>42.2</sup> 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

<sup>51</sup> Postal Code

52 Postal address

<sup>53</sup> 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  <sup>59</sup> Date joined C C Y Y - M M - D D

<sup>60</sup> 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)

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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 <sup>(1)</sup>			62.2 CAS/Case number
62.3	Charge			
62.4	Outcome			
62.5	Police station <sup>(2)</sup>			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 <sup>(1)</sup>			63.2 CAS/Case number
63.3	Offence			
63.4	Police station <sup>(2)</sup>			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 <sup>(1)</sup>			64.2 CAS/Case number
64.3	Circumstances			
64.7	Details of firearm			
64.5	Police station <sup>(2)</sup>			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 <sup>(1)</sup>			65.2 CAS/Case number
65.3	Charge			65.4 Outcome
65.5	Police station <sup>(2)</sup>			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 <sup>(1)</sup>			66.2 CAS/Case number
66.3	Charge			
66.4	Date from			66.5 Period
66.6	Police station <sup>(2)</sup>			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 <sup>(1)</sup>			67.2 CAS/Case number
67.3	Circumstances			67.4 Outcome
67.5	Police station <sup>(2)</sup>			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**

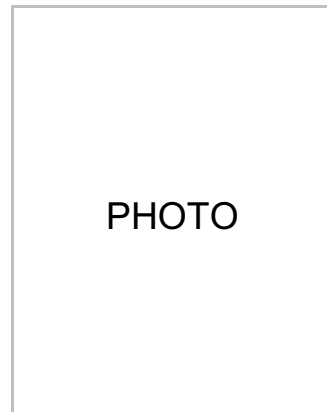
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**H. SIGNATURE OF APPLICANT (Sign only if applicable)**

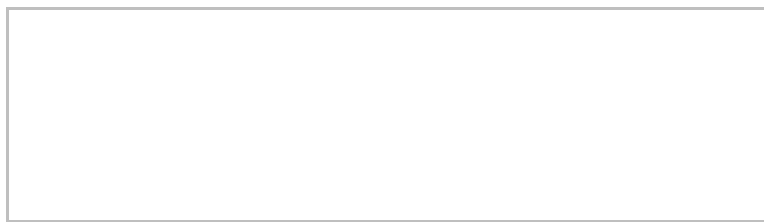
Note:

The requirements of the photo:

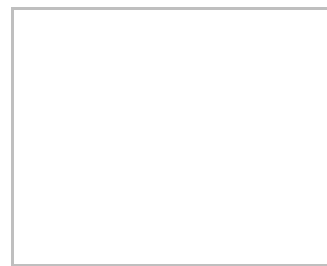
- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or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



<sup>4</sup> 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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	<sup>4</sup> Postal Code	
--	--------------------------	--

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> <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

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

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

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\_\_\_\_\_

**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

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

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

.....

.....

.....

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

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.....

.....

Is the applicant a (Indicate with an X)	dedicated hunter		dedicated sports-person		private collector		public collector	
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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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Motivation regarding the application	.....	
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.....		
.....		
.....		

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

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Name of Designated Firearms Officer/Station Commissioner in block letters

Date	C	C	Y	Y	-	M	M	-	D	D
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Rank of Designated Firearms Officer/Station Commissioner in block letters

Place		
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.....

Signature of Designated Firearms Officer/Station Commissioner

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Persal number of Designated Firearms Officer/Station Commissioner