



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR LICENCE ISSUED TO PARTICULAR CATEGORIES OF PERSONS - DEALERS, MANUFACTURERS OR GUNSMITHS

Section 34, 48 and 62 of the Firearms Control 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										

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			³ Date
.....										
⁴ Signature of police official					⁵ Name in block letters					
⁶ Application for licence approved (Indicate with an X)										
							⁷ Persal number			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			¹⁵ Date
.....										
¹⁶ Signature of CFR officer					¹⁷ Officer code			¹⁸ Name in block letters		

D. _____ PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH

1 Details of competency certificate

2	Type of competency certificate																		
3	Competency certificate number																		
4	Date issued					-													

6 Specify type of licence which is being applied for (Indicate with an X)

6.1	To trade in firearms and ammunition	
6.2	To trade in ammunition	
6.3	To manufacture firearms	
6.4	To manufacture ammunition	
6.5	To conduct business as a gunsmith	

E. _____ PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2	Surname																3 Initials				
4	Full names																				
5	Identity number of natural person																				
6	Passport number of natural person																				
7	Business address																				
9	Postal address																8 Postal Code				
																	10 Postal Code				
11	Telephone number	11.1 Home	()																		
11.3	Cellphone number																				
13	E-mail address																				

14 JURISTIC PERSON'S DETAILS

15	Registered company name																		
16	Trading as name																		
17	Name under which business is to be conducted																		
18	FAR number																		
19	CC or company registration no																		

20 RESPONSIBLE PERSON'S DETAILS

21	Responsible person (full name and surname)																		
22	Type of identification (Indicate with an X)	SA ID					Passport number												
23	Identity number of responsible person																		
24	Passport number of responsible person																		
25	Cellphone number																		

26	Physical address				
		27 Postal Code			
28	Postal address				
		29 Postal Code			

30 **PROOF SIGNATURES OF RESPONSIBLE PERSON**

31	32
Signature of responsible person	Signature of responsible person

33 **DETAILS OF PREMISES**

34 **PHYSICAL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED**

Address				
.....				
.....				
	Postal Code			

35 **CLASSIFICATION OF THE PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)**

.....				
.....				
.....				

36 **DESCRIBE THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS**

.....				
.....				
.....				

37 **DESCRIBE THE ALARM SYSTEM**

.....				
.....				
.....				

38 **LOCATION AND PARTICULARS OF SAFE OR STRONG-ROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT**

.....				
.....				
.....				

39 **DESCRIBE THE BURGLAR PROOFING**

.....				
.....				
.....				

40

DESCRIBE OTHER SECURITY FEATURES
<div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div>

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<p>* DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION THAT LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS OR MANUFACTURERS DATABASE</p> <p>* THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALERS OR GUNSMITHS FROM THIS DUTY</p>
<p>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</p>
<div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 5px;"></div>

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Date of commencement of business

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DECLARATION BY APPLICANT

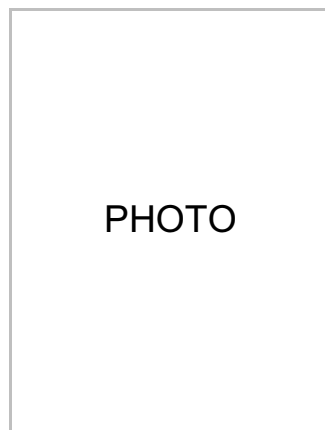
I am aware that it is an offence in terms of Section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F.	SIGNATURE OF APPLICANT (Sign only if applicable)
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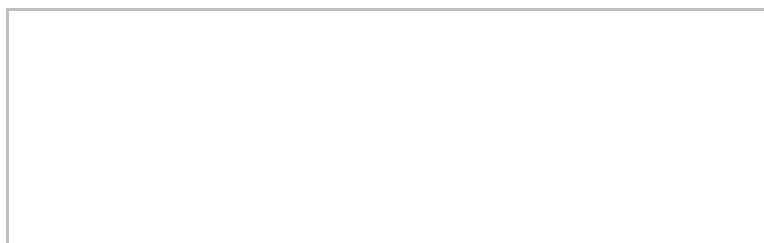
Note:

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.

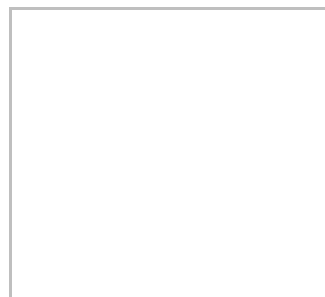


1



2

Signature



3

⁴ Fingerprint designation



5

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Name of applicant in block letters

6

Date					-				-		
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7

Place	
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8 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

8.1
Name of police official in block letters

8.2
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
Persal number of witness

9.3
Rank of witness in block letters

9.4
Signature of witness

G. 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				11 Fax	()							
9	E-mail address												
10	Interpreted from (language)				to								

11 Date

12
Signature of interpreter

13 Place

14
Rank of police official in block letters(if applicable)

15
Persal number of police official (if applicable)

H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1		RECOMMENDATION REGARDING THE APPLICATION	
2		Recommended	Not recommended
2		Report of inspection on premises

Dotted lines for writing.

3

Additional conditions recommended

Dotted lines for writing.

4

Recommendation regarding the application

Dotted lines for writing.

5

Text input box for name.

Name of Designated Firearms Officer/Station Commissioner in block letters

6

Date					-			-		
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7

Text input box for rank.

Rank of Designated Firearms Officer/Station Commissioner in block letters

8

Place									
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9

Signature of Designated Firearms Officer/Station Commissioner

10

							-	
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Persal number of Designated Firearms Officer/Station Commissioner