



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO POSSESS A FIREARM

Section 21 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 DECIDING OFFICER									
¹ Outstanding/Additional information required									
.....									
					-				
..... ² Persal number					- ³ Date			
..... ⁴ Signature of police official				 ⁵ Name in block letters				
⁶ Application for a temporary authorization approved (Indicate with an X) <input type="checkbox"/>									
					-				
..... ⁷ Persal number					- ⁸ Date			
..... ⁹ Signature of deciding officer		 ¹⁰ Officer code ¹¹ Name in block letters					
¹² Application for a temporary authorization refused (Indicate with an X) <input type="checkbox"/>					¹³ Reason(s) for refusal				
.....									
					-				
..... ¹⁴ Persal number					- ¹⁵ Date			
..... ¹⁶ Signature of deciding officer		 ¹⁷ Officer code ¹⁸ Name in block letters					

D. DESCRIPTION OF FIREARM (Indicate with an X)

1	Rifle		Shotgun		Handgun		Combination	
	Other, specify (armament/indeterminable design type)							

DETAILS OF FIREARM (Indicate with an X)

3	Action	Semi-automatic		Automatic		Manual	
4		Other action (specify)					
5	Calibre						
6	Make						
	Model						

Firearm component type:

7	Barrel serial number		⁸ Make	
9	Frame serial number		¹⁰ Make	
11	Receiver serial number		¹² Make	
13	Every name and address engraved in the metal			

E. PARTICULARS OF PERSON IN POSSESSION OF FIREARM

1	Surname		² Initials	
3	Full names			
4	Identity number of person in possession of the firearm			
5	Residential address			
	⁶ Postal Code			
7	Postal address			
	⁸ Postal Code			
9	Telephone number	^{9.1} Home	()	^{9.2} Work ()
9.3	Cellphone number		¹⁰ Fax	()
11	E-Mail address			

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

13	Registered company name			
14	Trading as name			
15	Company registration number			
16	FAR number			
17	Postal address			
	¹⁸ Postal Code			
19	Business address			
	²⁰ Postal Code			
21	Business telephone number	^{21.1} Work	()	^{21.2} Fax ()
22	E-mail address			

23	Responsible person (full name and surname)																							
24	Identity number of the responsible person	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
25	Cellphone number																							
26	Physical address																							
																				27 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
28	Postal address																							
																				29 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM

I hereby declare that the above firearm is legally in my possession and that I propose to supply it to the applicant once the necessary authorization has been obtained and that the particulars of the firearm is correct and accurate.

SIGNATURE OF PERSON CURRENTLY IN POSSESSION

32		33	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"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of person currently in possession in block letters																
34	Signature of person currently in possession	35	Place														

F. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with an X)

2	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>																						
3	Identity number of natural person	<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"/>	<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"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Passport number of natural person	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Surname														6 Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
7	Full names																									
8	Date of birth	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Residential address																									
																				12 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
13	Postal address																									
																				14 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
15	Type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)																									
16	Trade or profession											17 If self-employed, specify														
18	Name of employer/company																									
19	Business address																									
																				20 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
21	Telephone number	21.1 Home	(<input type="text"/>)	21.2 Work	(<input type="text"/>)																	
21.3	Cellphone number						22 Fax	(<input type="text"/>)																
23	E-mail address																									

24 **JURISTIC PERSON'S DETAILS**

25	Registered company name																					
26	Trading as name																					
27	FAR number																					
28	Postal address																					
												29 Postal Code										
30	Business address																					
												31 Postal Code										
32	Business telephone number	32.1 Work	()	32.2 Fax	()															
33	E-mail address																					
34	Responsible person (full name and surname)																					
35	Type of identification (Indicate with an X)	SA ID				Passport number																
36	Identity number of responsible person							-						-				-				
37	Passport number of responsible person																					
38	Cellphone number																					
39	Physical address																					
												40 Postal Code										
41	Postal address																					
												42 Postal Code										

G. OTHER DETAILS

1 Period for which authorization is required

FROM

Date						-							
------	--	--	--	--	--	---	--	--	--	--	--	--	--

TO

Date						-							
------	--	--	--	--	--	---	--	--	--	--	--	--	--

2 Motivation of purpose for which the firearm is required

3 **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										
3.1	Police station (1)						3.2 CAS/Case number							
3.3	Charge													
3.4	Outcome													
3.5	Police station (2)						3.6 CAS/Case number							
3.7	Charge													
3.8	Outcome													

4 **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
4.1	Police station ⁽¹⁾			4.2 CAS/Case number
4.3	Offence			
4.4	Police station ⁽²⁾			4.5 CAS/Case number
4.6	Offence			

5 **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
5.1	Police station ⁽¹⁾			5.2 CAS/Case number
5.3	Circumstances			
5.7	Details of firearm			
5.5	Police station ⁽²⁾			5.6 CAS/Case number
5.7	Circumstances			
5.8	Details of firearm			

6 **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
6.1	Police station ⁽¹⁾			6.2 CAS/Case number
5.3	Charge			
6.4	Date from			6.5 Period
6.6	Police station ⁽²⁾			6.7 CAS/Case number
6.8	Charge			
6.9	Date from			6.10 Period

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
7.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)			
Type of safe	<input type="checkbox"/>	Handgun	<input type="checkbox"/>	Rifle
Strongroom	<input type="checkbox"/>			
Device	<input type="checkbox"/>			
8	IS SAFE MOUNTED? (Indicate with an X)			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
8.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)			
Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>	

9 Provide proof of previous experience in the handling of firearms or previous training in firearms

10

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.

PHOTO

1

2

Signature

3

4 Fingerprint designation

5

Name of applicant in block letters

6 Date

						-			-		
--	--	--	--	--	--	---	--	--	---	--	--

7 Place

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

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

					-								
--	--	--	--	--	---	--	--	--	--	--	--	--	--

14 Place

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of interpreter

15

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Rank of police officer in block letters(if applicable)

16

											-			
--	--	--	--	--	--	--	--	--	--	--	---	--	--	--

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	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>																	

5 Date

					-								
--	--	--	--	--	---	--	--	--	--	--	--	--	--

7 Place

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature of parent/guardian__

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

1	RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)			
2	Recommended		Not recommended	
2.1	Motivation	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

2.2

Recommended conditions	

3

Name of Designated Firearms Officer/Station Commissioner in block letters

4

Date						-			-		
-------------	--	--	--	--	--	---	--	--	---	--	--

5

Rank of Designated Firearms Officer/Station Commissioner in block letters

6

Place																			
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7

Signature of Designated Firearms Officer/Station Commissioner

8

								-		
--	--	--	--	--	--	--	--	---	--	--

Persal number of Designated Firearms Officer/Station Commissioner