



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION**

Section 83, 85(1) and 86(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<b>OFFICIAL DATE STAMP</b>
<b>DATE RECEIVED</b>

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED										
<sup>1</sup> 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 number	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									-	
								<sup>3</sup> Date		
..... <sup>4</sup> Signature of police official							..... <sup>5</sup> Name in block letters			
<sup>6</sup> Application for a permit approved (Indicate with an X)										
						-				
<sup>7</sup> Persal number									-	
								<sup>8</sup> Date		
..... <sup>9</sup> Signature of CFR officer							..... <sup>10</sup> Officer code		..... <sup>11</sup> Name in block letters	
<sup>12</sup> Application for a permit refused (Indicate with an X)										
<sup>13</sup> Reason(s) for refusal										
						-				
<sup>14</sup> Persal number									-	
								<sup>15</sup> Date		
..... <sup>16</sup> Signature of CFR officer							..... <sup>17</sup> Officer code		..... <sup>18</sup> Name in block letters	

**D. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

**2 Type of identification** (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>											
3	Identity number of natural person														
4	Passport number of natural person														
5	Surname										<sup>6</sup> Initials				
7	Full names														
8	Date of birth				-		-		<sup>9</sup> Age			<sup>10</sup> Gender		Male	Female
11	Residential address										<sup>12</sup> Postal Code				
13	Postal address										<sup>14</sup> Postal Code				
15	Trade or profession						<sup>16</sup> If self-employed, specify								
17	Name of employer/company														
18	Business address										<sup>19</sup> Postal Code				
20	Telephone number		<sup>20.1</sup> Home		( )			<sup>20.2</sup> Work		( )					
20.3	Cellphone number						<sup>21</sup> Fax		( )						
22	E-mail address														

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

24	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

**25 PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER** (if applicable)

**25.1 Type of identification** (Indicate with an X)

25.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>									
25.2	Identity number of spouse/partner												
25.3	Passport number of spouse/partner												
25.4	Full name and surname												

**26 JURISTIC PERSON'S DETAILS**

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

28	Registered company name												
29	Trading as name												
30	FAR number												
31	Company registration or CC number												
32	Postal address												

		33 Postal Code						
34	Business address							
		35 Postal Code						
36	Business telephone number	36.1 Work	( )	36.2 Fax	( )			
37	E-mail address							

**RESPONSIBLE PERSON'S DETAILS**

39	Responsible person (full name and surname)							
40	Type of identification (Indicate with an X)	SA citizen			Non-SA citizen with permanent residence*			
41	Identity number of responsible person					-		
42	Passport number of responsible person							
43	Cellphone number							
44	Physical address							
		45 Postal Code						
46	Postal address							
		47 Postal Code						

**E. OTHER DETAILS**

1	<b>HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?</b> (Indicate with an X)							
	YES		NO		If yes, submit the following details			
1.1	Police station (1)				1.2 CAS/Case number			
1.3	Charge							
1.4	Outcome							
1.5	Police station (2)				1.6 CAS/Case number			
1.7	Charge							
1.8	Outcome							

2	<b>ARE THERE ANY CASES PENDING AGAINST YOU?</b> (Indicate with an X)							
	YES		NO		If yes, submit the following details			
2.1	Police station (1)				2.2 CAS/Case number			
2.3	Offence							
2.4	Police station (2)				2.5 CAS/Case number			
2.6	Offence							

3	<b>HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?</b> (Indicate with an X)							
	YES		NO		If yes, submit the following details			
3.1	Police station (1)				3.2 CAS/Case number			
3.3	Circumstances							
3.4	Details of firearm							
3.5	Police station (2)				3.6 CAS/Case number			
3.7	Circumstances							
3.8	Details of firearm							

\* In case of a non-SA citizen proof of permanent residence must be submitted.

<b>4 WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?</b> (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	Charge	4.4	Outcome
4.5	Police station (2)	4.6	CAS/Case number
4.7	Charge	4.8	Outcome

<b>5 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?</b> (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	Charge		
5.4	Date from	5.5	Period
5.6	Police station (2)	5.7	CAS/Case number
5.8	Charge		
5.9	Date from	5.10	Period

<b>6 HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED?</b> (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
6.3	Circumstances	6.4	Outcome
6.5	Police station (2)	6.6	CAS/Case number
6.7	Circumstances	6.8	Outcome

<b>7</b>	<b>PARTICULARS OF TWO-WAY COMMUNICATION SYSTEM</b>

<b>8</b>	<b>DESCRIPTION OF SAFETY MEASURES FITTED TO VEHICLES</b>

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**DESCRIPTION OF SECURITY PRECAUTIONS**

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**DESCRIPTION OF HOW THE PRESCRIBED REGISTERS WILL BE KEPT**

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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)

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

<sup>4</sup> 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

**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 9 Fax ( )

10 E-mail address

11 Interpreted from (language)  to

12 Date     -

13 .....

Signature of interpreter

14 Place

15

Rank of police official in block letters (if applicable)

16         -

Persal number of police official (if applicable)

**H. 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 Comment of parent/guardian

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6

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Signature of parent/guardian

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended		Not recommended	
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Motivation


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Recommended conditions


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Name of Designated Firearms Officer/Station Commissioner in block letters

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Rank of Designated Firearms Officer/Station Commissioner in block letters

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Signature of Designated Firearms Officer/Station Commissioner

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Persal number of Designated Firearms Officer/Station

