

# SOUTH AFRICAN POLICE SERVICE



Application for accreditation for business purposes

<b>INSTRUCTIONS: APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES</b>
--

**GENERAL INSTRUCTIONS**

- An application for accreditation for business purposes must be completed in black ink that cannot be erased.
- The application must be stamped with the date stamp of the police station where it is received.
- The police station where the application is captured must complete Section A.
- The police station where the application was handed in must complete Section B.
- The Central Firearms Register (CFR) must complete Section C.
- The applicant must complete Sections D,E and F.
- If an interpreter was used, he/she must complete Section G.
- The Designated Firearms Officer/Station Commissioner must complete Section H.
- A person is guilty of an offence in terms of the Firearms Control Act, 2000(Act No 60 of 2000) if he/she provides information which he/she knows is false on this application form.

**SECTION A: FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED****1. Application reference number**

The reference number that the system generates for the application after it was captured (for example, A12945) must be recorded in paragraph A 1.

**SECTION B: FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED****1. Province**

The name of the province where the police station is situated (for example, Gauteng) must be recorded in paragraph B 1.

**2. Area**

The name of the area where the police station is situated (for example, Pretoria) must be recorded in paragraph B 2.

**3. Police station**

The name of the police station where the application was received (for example, Brooklyn) must be recorded in paragraph B 3.

**4. Component code**

The component code of the police station where the application was received (for example, 47) must be recorded in paragraph B 4.

**5. Firearm applications register reference number**

The annual serial number from the firearm applications register allocated to the application (for example, 135/2002) must be recorded in paragraph B 5.

**SECTION C: FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)****1. Outstanding/Additional information required**

When the police official at the CFR requests outstanding or additional information from the police station or the applicant, the required information must be recorded in paragraph C 1.

**2. Persal number**

The SAPS Persal number of the police official at the CFR who requested the outstanding or additional information must be recorded in paragraph C 2.

**3. Date**

The date on which the outstanding or additional information are requested by the police official at the CFR must be recorded in paragraph C 3.

**4. Signature of police official**

The signature of the police official at the CFR who requested the outstanding or additional information must be recorded in paragraph C 4.

**5. Name in block letters**

The initials and surname (in block letters) of the police official at the CFR who requested the outstanding or additional information must be recorded in paragraph C 5.

**6. Application for accreditation approved (Indicate with an X)**

If the application for accreditation is approved, the officer at the CFR who approved the application must mark paragraph C 6 with an X.

**7. Persal number**

The SAPS Persal number of the officer at the CFR who approved the application must be recorded in paragraph C 7.

**8. Date**

The date on which the application was approved by the officer at the CFR must be recorded in paragraph C 8.

**9. Signature of deciding officer**

The signature of the officer at the CFR who approved the application must be recorded in paragraph C 9.

**10. Officer code**

The officer code is a code allocated to each officer at the CFR who considers the application for accreditation for business purposes. The code of the officer at the CFR who approved the application must be recorded in paragraph C 10.

**11. Name in block letters**

The initials and surname (in block letters) of the officer at the CFR who approved the application must be recorded in paragraph C 11.

**12. Application for accreditation refused (Indicate with an X)**

If the application for accreditation is refused, the officer at the CFR must mark paragraph C 12 with an X.

**13. Reason(s) for refusal**

When an application was refused, the officer at the CFR must record the reason(s) for refusal in paragraph C 13.

**14. Persal number**

The SAPS Persal number of the officer at the CFR who refused the application must be recorded in paragraph C 14.

**15. Date**

The date on which the application is refused by the officer at the CFR must be recorded in paragraph C 15.

**16. Signature of deciding officer**

The signature of the officer at the CFR who refused the application must be recorded in paragraph C 16.

**17. Officer code**

The officer code is a code allocated to each officer at the CFR who considers applications for accreditation for business purposes. The code of the officer at the CFR who refused the application must be recorded in paragraph C 17.

**18. Name in block letters**

The initials and surname (in block letters) of the officer at the CFR who refused the application must be recorded in paragraph C 18.

**SECTION D: TYPE OF ACCREDITATION** (Indicate with an X)

The type of accreditation in question must be indicated with an X in paragraph D 1, 2, 3, 4, 5, 6, 7, 8 and 9, for example:

To provide firearms for the use in theatrical, film or television productions	X
---	---

**SECTION E: PARTICULARS OF APPLICANT**

**1. NATURAL PERSON'S DETAILS**

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

**2.1 SA citizen/Non-SA citizen with permanent residence\***

The type of citizenship must be indicated with an X in paragraph E 2.1.

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

**3. Identity number**

The identity number of the applicant must be recorded in paragraph E 3.

**4. Surname**

The surname of the applicant must be recorded in paragraph E 4.

**5. Initials**

The initials of the applicant must be recorded in paragraph E 5.

**6. Full names**

The full names of the applicant must be recorded in paragraph E 6.

**7. Date of birth**

The date of birth of the applicant (for example, 1960-01-01) must be recorded in paragraph E 7.

**8. Age**

The age of the applicant must be recorded in paragraph E 8.

**9. Gender**

The gender of the applicant must be indicated with an X in paragraph E 9.

**10. Residential address**

The physical address where the applicant resides, must be recorded in paragraph E 10.

**11. Postal code**

The postal code of the applicant's residential address must be recorded in paragraph E 11.

**12. Postal address**

The postal address of the applicant must be recorded in paragraph E 12.

**13. Postal code**

The postal code of the applicant's postal address must be recorded in paragraph E 13.

**14. Trade or profession**

The applicant's trade or profession (for example, motor mechanic) must be recorded in paragraph E 14.

**15. If self-employed, specify**

If the applicant is self-employed, his/her profession (for example, hair dresser - work from home) must be specified in paragraph E 15.

**16. Name of employer/company**

The name of the applicant's employer or company (for example, The Auto Shop) must be recorded in paragraph E 16.

**17. Business address**

The business address of the applicant's employer (for example, 123 West street, Sandton) must be recorded in paragraph E 17.

**18. Postal code**

The postal code of the applicant's business address must be recorded in paragraph E 18.

**19. Telephone numbers**

**19.1 Home:** The applicant's home telephone number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph E 19.1.

**19.2 Work:** The applicant's work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph E 19.2.

**19.3 Cellphone number**

The applicant's cellphone number (if applicable) must be recorded in paragraph E 19.3.

**20. Fax**

The applicant's fax number, including the area dialling code, must be recorded in paragraph E 20.

**21. E-mail address**

The e-mail address (if applicable) of the applicant must be recorded in paragraph E 21.

**22. MARITAL STATUS** (Indicate with an X)

The applicant's marital status must be indicated with an X in paragraph E 23, for example:

Single	X
--------	---

**24. PARTICULARS OF APPLICANT'S SPOUSE/PARTNER** (If applicable)

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

**24.1.1 SA ID/Passport**

The type of identification must be indicated with an X in paragraph E 24.1.1.

**24.2 Identity number of spouse/partner**

The identity number of the applicant's spouse/partner must be recorded in paragraph E 24.2.

**24.3 Passport number of spouse/partner**

The passport number (if applicable) of the applicant's spouse/partner must be recorded in paragraph E 24.3.

**24.4 Name and surname**

The name and surname of the applicant's spouse/partner must be recorded in paragraph E 24.4.

**25. JURISTIC PERSONS DETAILS****26. OTHER BODIES**

(eg body corporate, close corporation or company)

**27. Register company name**

The register company name of the applicant's company must be recorded in paragraph E 27.

**28. Trading as name**

The trading as name of the company of the applicant must be recorded in paragraph E 28.

**29. Company registration or CC number**

The company registration or CC number of the applicant must be recorded in paragraph E 29.

**30. Postal address**

The postal address of the applicant must be recorded in paragraph E 30.

**31. Postal code**

The postal code of the applicant's postal address must be recorded in paragraph E 31.

**32. Business address**

The physical address from where the applicant conduct business must be recorded in paragraph E 32.

**33. Postal code**

The postal code of the applicant's business address must be recorded in paragraph E 33.

**34. Business telephone number**

**34.1 Work:** The applicant's work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph E 34.1.

**34.2 Fax**

The applicant's fax number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph E 34.2.

**35. E-mail address**

The e-mail address (if applicable) of the applicant must be recorded in paragraph E 35.

**36. RESPONSIBLE PERSON'S DETAILS****37. Responsible person (Name and surname)**

The name and surname of the responsible person must be recorded in paragraph E 37.

**38. Type of identification** (Indicate with an X)**SA ID/Passport number**

The type of identification must be indicated with an X in paragraph E 38.

**39. Identity number of responsible person**

The identity number of the responsible person must be recorded in paragraph E 39.

**40. Passport number of responsible person**

The passport number of the responsible person must be recorded in paragraph E 40.

**41. Cellphone number**

The cellphone number (if applicable) of the responsible person must be recorded in paragraph E 41.

**42. Physical address**

The physical address where the responsible person resides, must be recorded in paragraph E 42.

**43. Postal code**

The postal code of the responsible person's physical address must be recorded in paragraph E 43.

**44. Postal address**

The postal address of the responsible person must be recorded in paragraph E 44.

**45. Postal code**

The postal code of the responsible person's postal address must be recorded in paragraph E 45.

**46. PROOF SIGNATURES OF RESPONSIBLE PERSON****47. Signature of responsible person**

The first proof signature of the responsible person must be recorded in paragraph E 47.

**48. Signature of responsible person**

The second proof signature of the responsible person must be recorded in paragraph E 48.

**49. PARTICULARS OF THE PERSON IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION**

**50.** The identity number, full names, surname and capacity of persons in control or responsible for the management of the business must be recorded in paragraph E 50.

**51. PARAGRAPH E 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION**

**52.** A motivation of purpose and scope for which accreditation is required must be recorded in paragraph E 52.

**53.** A description of the main purpose of the business must be recorded in paragraph E 53.

**54.** A description of security measures pertaining to the storage, transport and safekeeping of firearms to be used must be recorded in paragraph E 54.

**55.** A description of how registers will be kept must be recorded in paragraph E 55.

**56. COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION TO PROVIDE IN-HOUSE SECURITY SERVICES**

**57.** A description of the scope of what is to be protected must be

recorded in paragraph E 57.

58. The number of persons who will be issued with firearms must be recorded in paragraph E 58.
59. **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM**
60. A description of the access control measures must be recorded in paragraph E 60.
61. A description of the display mechanisms must be recorded in paragraph E 61.
62. **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A PUBLIC COLLECTOR**
63. The particulars of an accreditation museum where the firearm collection will be displayed must be recorded in paragraph E 63. The following information must be submitted:

**63.1 Name**

The name of the accredited museum where the firearm collection will be displayed must be recorded in paragraph E 63.1.

- 63.2 The accreditation registration number of the museum must be recorded in paragraph E 63.2.

**64. 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.

**SECTION F: SIGNATURE OF APPLICANT**

(Sign only if applicable)

**1. The right index fingerprint of applicant**

The index fingerprint of the applicant's right hand must be taken by the police official in paragraph F 1, in the presence of a witness and may not exceed the border.

If the applicant does not have a right index fingerprint, the index fingerprint of the left hand must be taken.

**2. Fingerprint designation**

The designation of the fingerprint (for example: right index fingerprint) must be recorded in paragraph F 2

**3. Date**

The date on which the applicant applies for the accreditation must be recorded in paragraph F 3.

**4. Name of applicant in block letters**

The initials and surname (in block letters) of the applicant who applies for accreditation must be recorded in paragraph F 4.

**5. Place**

The city/town where the applicant applies for the accreditation must be recorded in paragraph F 5.

**6. Signature of applicant**

The signature of applicant must be recorded in paragraph F 6, in the presence of the police official.

**7. PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

**7.1 Name of police official in block letters**

The initials and surname (in block letters) of the police official who deals with the application must be recorded in paragraph F 7.1.

**7.2 Persal number of police official**

The SAPS Persal number of police official who deals with the application must be recorded in paragraph F 7.2.

**7.3 Rank of police official in block letters**

The rank of police official (in block letters) who deals with the application must be recorded in paragraph F 7.3.

**7.4 Signature of police official**

The signature of police official who signs the application must be recorded in paragraph F 7.4.

**SECTION G: PARTICULARS OF INTERPRETER**

(This section must be completed only if the applicant cannot read or write or does not understand the contents of this form.)

**1. Name and surname of interpreter**

The name and surname of the person who interprets the contents of the application form for the applicant must be recorded in paragraph G 1.

**2. Identity/Passport number of interpreter**

The identity/passport number of the interpreter must be recorded in paragraph G 2.

**3. Residential address**

The physical address of the interpreter must be recorded in paragraph G 3.

**4. Postal code**

The postal code of the interpreter's residential address must be recorded in paragraph G 4.

**5. Postal address**

The postal address of the interpreter must be recorded in paragraph G 5.

**6. Postal code**

The postal code of the interpreter's postal address must be recorded in paragraph G 6.

**7. Telephone number**

- 7.1 Home:** The interpreter's home telephone number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph G 7.1

- 7.2 Work:** The interpreter's work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph G 7.2

**8. Cellphone number**

The cellphone number (if applicable) of the interpreter must be recorded in paragraph G 8.

**9. Fax**

The fax number, including the area dialling code of the interpreter must be recorded in paragraph G 9.

**10. E-mail address**

The e-mail address (if applicable) of the interpreter must be recorded in paragraph G 10.

**11. Interpreted from (language)**

The language from which the application form was interpreted

and the language to which it was interpreted and which is understandable to the applicant (for example, English to Zulu) must be recorded in paragraph G 11.

The signature of the Designated Firearms Officer/Station Commissioner that made the recommendation must sign in paragraph H 8.

**12. Date**

The date on which the interpreter assists the applicant must be recorded in paragraph G 12.

**13. Signature of interpreter**

The signature of the interpreter who assists the applicant because he/she cannot read or write or does not understand this form must be recorded in paragraph G 13.

**14. Place**

The place where the interpreter assists applicant must be recorded in paragraph G 14.

**15. Rank of police official in block letters**

If the interpreter is a police official, his/her rank (in block letters) must be recorded in paragraph G 15.

**16. Persal number of police official**

If the interpreter is a police official, his/her SAPS Persal number must be recorded in paragraph G 16.

**9. Persal number of the Designated Firearms Officer/Station Commissioner**

The SAPS Persal number of the Designated Firearms Officer/Station Commissioner who made the recommendation must be recorded in paragraph H 9.

**SECTION H: FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER**

**1. RECOMMENDATION WITH REGARD TO THE APPLICATION**

The applicable recommendation must be indicated with an X in paragraph H 1, for example:

Recommended	X	Not recommended	
-------------	---	-----------------	--

**2. Motivation**

A motivation regarding the application must recorded in paragraph H 2. The reasons must be based on actual facts, and not mere hearsay.

**3. Recommended conditions**

The recommended conditions regarding the application must be recorded in paragraph H 3.

**4. Name of Designated Firearms Officer/Station Commissioner in block letters**

The initials and surname (in block letters) of the Designated Firearms Officer/Station Commissioner who made recommendation must be recorded in paragraph H 4.

**5. Date**

The date on which the Designated Firearms Officer/Station Commissioner made the recommendation must be recorded in paragraph H 5.

**6. Rank of Designated Firearms Officer/Station Commissioner in block letters**

The rank (in block letters) of the Designated Firearms Officer/Station Commissioner who made the recommendation must be recorded in paragraph H 6.

**7. Place**

The city/town where the Designated Firearms Officer/Station Commissioner made the recommendation must be recorded in paragraph H 7.

**8. Signature of Designated Firearms Officer/Station Commissioner**