



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 24, 35, 49 and 63 of the Firearm 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 number	SAPS 86	NO
		YEAR	

C. TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with an X)				
1	Licences		2.1	Licence to deal in firearms and ammunition
1.1	Licence to possess a firearm for self-defence		2.2	Licence to manufacture firearms and ammunition
1.2	Licence to possess a restricted firearm for self-defence		2.3	Licence to conduct business as a gunsmith
1.3	Licence to possess a firearm for security officer purposes		3	Permits
1.4	Licence to possess a firearm for occasional hunting and sports-shooting		3.1	Permit to possess ammunition in a private collection
1.5	Licence to possess a firearm for dedicated hunting and dedicated sports-shooting		3.2	Permit to possess ammunition in a public collection
1.6	Licence to possess a firearm in a private collection		3.3	Import permit
1.7	Licence to possess a firearm in a public collection (museums)		3.4	Export permit
1.8	Licence to possess a firearm for business purposes: Business in hunting		3.5	In-transit permit
1.9	Licence to possess a firearm for business purposes: Other business purposes		3.6	Multiple import and export permit
2	Licence issued to particular categories of persons		3.7	Temporary import/export permit

Details of original licence, permit, certificate or authorization

Licence, permit, certificate or authorization number	Date issued	Expiry date

D. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

SA ID	Passport	Non-SA citizen with permanent residence*																							
Identity number of natural person													-	-	-										
Passport number of natural person																									
Surname											6 Initials														
Full name																									
Residential address																									
Postal address											9 Postal Code														
Business telephone number											12.1 Home		()	12.2 Work		()									
Cellphone number											13 Fax		()												
E-mail address																									

JURISTIC PERSON'S DETAILS

OTHER BODIES

Registered company name																	
Trading as name																	
FAR number																	
Postal address													21 Postal Code				
Business address													23 Postal Code				
Business telephone number											24.1 Work		()	24.2 Fax		()	
E-mail address																	

RESPONSIBLE PERSON'S DETAILS

Responsible person (full names and surname)																			
Type of identification (Indicate with an X)													SA ID			Passport number			
Identity number of responsible person													-	-	-				
Passport number of responsible person																			

* Proof of permanent residence must be submitted if an applicant is not a SA citizen.

31	Cellphone number				
32	Physical address				
		³³ Postal Code			
34	Postal address				
		³⁵ Postal Code			

36 **OTHER INFORMATION** (Indicate with an X)

37 **WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING LICENCE? IF NO, SUBMIT THE REASON**
(Indicate with an X)

YES		NO		Reason(s)	

38 **WAS YOUR APPLICATION HANDED IN AFTER THE DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON**
(Indicate with an X)

YES		NO		Reason(s)	

39 **WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON** (Indicate with an X)

YES		NO		Reason(s)	

40 **DECLARATION BY APPLICANT**

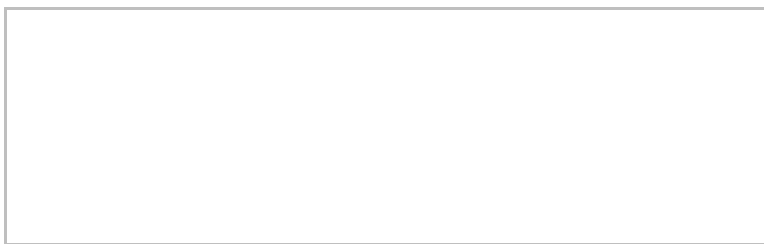
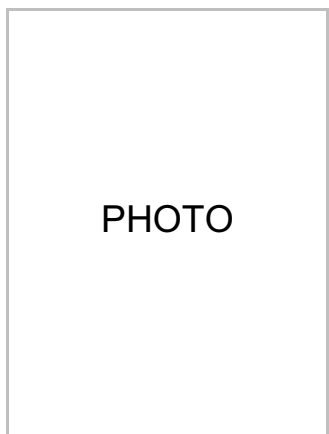
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

E. SIGNATURE OF APPLICANT (Sign only if applicable)

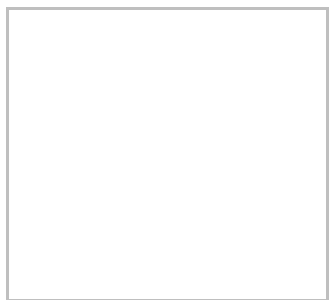
Note:

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.



Signature



⁴ Fingerprint designation



5

Name of applicant in block letters

6 - -

7

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

F. PARTICULARS OF INTERPRETER
(This section must be completed only if the applicant cannot read or write or does not understand the content s 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

					-			-		
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13 Signature of interpreter

14 Place

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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)

G. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

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2 Identity/Passport number of nominee/authorized person

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3 Date

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4 Signature of nominee/authorized person

5 Place

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

1 RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)

2	Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
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2.1 Motivation regarding the application

2.2 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

4 Date

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 Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place

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7 Signature of Designated Firearms Officer/Station Commissioner

8

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 Persal number of Designated Firearms Officer/Station Commissioner

