

APPLICATION FOR LICENCE TO POSSESS A FIREARM

Section 12, 13, 14, 15, 16, 17, 19 and 20 of the Act, 2000 (Act no 60 of 2000)

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D. TYPE OF APPLICATION FOR A LICENCE TO POSSESS A FIREARM(S)¹ Main firearm licence holder² Additional firearm licence holder

(Indicate with an X)

Section number	Type of licence/permit	Period of validity	X
3.1	13 Licence to possess a firearm for self-defence	Five years	
3.2	14 Licence to possess a restricted firearm for self-defence	Two years	
3.3	15 Licence to possess a firearm for occasional hunting and/or sport-shooting	Ten years	
3.4	16 Licence to possess a firearm for dedicated hunting and/or dedicated sport-shooting	Ten years	
3.5	17 Licence to possess a firearm in a private collection	Ten years	
3.6	19 Licence to possess a firearm, in a public collection	Ten years	
3.7	20 Licence to possess a firearm for business purposes: Business in hunting	Five years	
3.8	20 Licence to possess a firearm for business purposes: Other business purposes	Two years	
3.9	20 Licence to possess a firearm for business purposes: For use in theatrical, film and TV productions	Two years	
3.10	20 Licence to possess a firearm for business purposes: As a security business	Two years	
3.11	20 Licence to possess a firearm for business purposes: For training purposes	Two years	
3.12	20 Licence to possess a firearm for business purposes: As a game rancher	Two years	

E. DESCRIPTION OF FIREARM (Indicate with an X)**TYPE OF FIREARM**

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

DETAILS OF FIREARM (Indicate with an X)

1.1	Action	Semi-automatic		Automatic		Manual	
		Other action (specify)					

1.2	Names and addresses engraved in the metal						

1.3	Calibre		1.4 Calibre code				
1.5	Make						
1.6	Model						

Firearm component type:

1.7	Barrel serial number		1.8 Make	
1.9	Frame serial number		1.10 Make	
1.11	Receiver serial number		1.12 Make	

F. PARTICULARS OF CURRENT OWNER**Type of owner** (Indicate with an X)

1.2	A Private owner		B Firearm dealer		C Company		D Imported firearm		E Estate	
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NATURAL PERSON'S DETAILS

3

TYPE A (Private owner)

4

Surname

⁵ Initials

6

Full names

7

Identity number

8

Residential address

⁹ Postal Code

10

Postal address

¹¹ Postal Code

12

Telephone number

^{12.1} Home

()

^{12.2} Work

()

12.3

Cellphone number

¹³ Fax

()

14

E-mail address

15

Are there any additional firearm licence holders for this firearm? (Indicate with an X)

YES

NO

16

JURISTIC PERSON'S DETAILS

17

TYPE B (Firearm dealer)

18

Registered company name

19

Trading as name

20

FAR number

21

Postal address

²² Postal Code

23

Business address

²⁴ Postal Code

25

Business telephone number

^{25.1} Work

()

^{25.2} Fax

()

26

E-mail address

27

Responsible person (Name and surname)

28

Type of identification (Indicate with an X)

SA citizen

Non-SA citizen with permanent residence*

29

Identity number of responsible person

30

Cellphone number

31

Physical address

³² Postal Code

33

Postal address

³⁴ Postal Code

35

SAP 350 (A) DETAILS

Firearm received from

36

Name

37

Identification number or FAR number

38

Address

39

Postal code

⁴⁰ Date received

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

41

TYPE C (Companies)

42

Registered company name

43

Trading as name

44

FAR number

45

Postal address

⁴⁶ Postal Code

47

Business address

⁴⁸ Postal Code

49

Business telephone number

^{49.1} Work

()

^{49.2} Fax

()

50

E-mail address

51

Responsible person (Name and surname)

52

Type of identification (Indicate with an X)

SA citizen

Non-SA citizen with permanent residence*

53

Identity number of responsible person

-

-

-

54

Cellphone number

55

Physical address

⁵⁶ Postal Code

57

Postal address

⁵⁸ Postal Code

59

TYPE D (Imported firearms)

60

Import permit number

61

Date issued

-

-

62

Expiry date

-

-

63

TYPE E (Estate)

64

Type of estate (Indicate with an X)

65

Executorship

Administratorship

Curatorship

Trust

66

Surname

⁶⁷ Initials

68

Full names

69

Identity number of the owner of the firearm

-

-

-

70

Name and surname of executor, administrator, curator, trustee or liquidator

71

Type of identification (Indicate with an X)

Non-SA citizen with permanent residence*

SA citizen

72

Identity number of executor, administrator, curator, trustee or liquidator

-

-

-

73

Telephone number

^{73.1} Home

()

^{73.2} Work

()

73.3

Cellphone number

⁷⁴ Fax

()

75

Physical address

⁷⁶ Postal Code

77

Postal address

⁷⁸ Postal Code

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

79

Physical address where firearm(s) is kept

80 Postal Code

81

DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to sell or supply it to the applicant once the necessary licence(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

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.

82

Name and surname of current owner/authorized person

83

Identification number of current owner/authorized person

84

Designation

85

Date

86

Signature of current owner/authorized person

87

Place

G.**PARTICULARS OF APPLICANT** (Complete only the section that has bearing on you.)

1

PARTICULARS OF EXISTING COMPETENCY CERTIFICATE (Indicate with an X)

1.1

A

Competency certificate to trade in firearms

1.2

B

Competency certificate to manufacture firearms

1.3

C

Competency certificate to conduct business as a gunsmith

1.4

D

Competency certificate to possess a firearm (Indicate with an X)

Handgun

Rifle

Shotgun

1.5

Competency certificate number

1.6

Date of issue

1.7 Expiry date

2

DETAILS OF FIREARMS IN YOUR POSSESSION AND FOR WHICH YOU HAVE A LICENCE, PERMIT OR AUTHORIZATION

2.1

Type

Calibre

Make

Barrel Serial No

Frame/receiver Serial
NoLicence/permit
authorization No

5	Type of identification (Indicate with an X)
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5.1	SA citizen		Non-SA citizen with permanent residence*																											
6	Identity number of private person																	-						-				-		
7	Surname																	8 Initials												
9	Full names																													
10	Date of birth						-				-				11 Age								12 Gender				Male	Female		
13	Residential address																													
																			14 Postal Code											
15	Postal address																													
																			16 Postal Code											
17	Type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)																													
18	Trade or profession												19 If self-employed, specify																	
20	Name of employer/company																													
21	Business address																													
																			22 Postal Code											
23	Telephone number		23.1 Home		()										23.2 Work		()													
23.3	Cellphone number												24 Fax		()															
25	E-mail address																													

27	Single		Married		Divorced		Widow		Widower	
	Other (specify)									

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28

PARTICULARS OF APPLICANT'S SPOUSE/PARTNER

29

Type of identification (Indicate with an X)

29.1

SA ID

Passport

30

Identity number of spouse

31

Passport number of spouse

32

Name and surname

33

JURISTIC PERSON'S DETAILS

34

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

35

Registered company name

36

Trading as name

37

FAR number

38

Postal address

³⁹ Postal Code

40

Business address

⁴¹ Postal Code

42

Business telephone number

^{42.1} Work

()

^{42.2} Fax

()

43

E-mail address

44

Number of firearms already registered to the business

45

Number of persons employed by the business to handle firearms

46

Responsible person (Name and surname)

47

Type of identification (Indicate with an X)

SA citizen

Non-SA citizen with permanent residence*

48

Identity number of responsible person

49

Cellphone number

50

Physical address

⁵¹ Postal Code

52

Postal address

⁵³ Postal Code

54

OTHER DETAILS (Applicable to dedicated hunters, dedicated sports-persons or collectors only.)

55

Are you a member of an accredited association? (Indicate with an X)

YES

NO

If yes, submit the following details

56

State name of accredited association

57

FAR number of accredited association

58

Membership number

⁵⁹ Date joined⁶⁰ Expiry date

61

Motivation of purpose for which the firearm is required (Applicable to all types of applications)

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

62	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
62.1	Police station ⁽¹⁾	<input type="text"/>	62.2 CAS/Case number	<input type="text"/>
62.3	Charge	<input type="text"/>		
62.4	Outcome	<input type="text"/>		
62.5	Police station ⁽²⁾	<input type="text"/>	62.6 CAS/Case number	<input type="text"/>
62.7	Charge	<input type="text"/>		
62.8	Outcome	<input type="text"/>		

63	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
63.1	Police station ⁽¹⁾	<input type="text"/>	63.2 CAS/Case number	<input type="text"/>
63.3	Offence	<input type="text"/>		
63.4	Police station ⁽²⁾	<input type="text"/>	63.5 CAS/Case number	<input type="text"/>
63.6	Offence	<input type="text"/>		

64	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
64.1	Police station ⁽¹⁾	<input type="text"/>	64.2 CAS/Case number	<input type="text"/>
64.3	Circumstances	<input type="text"/>		
64.7	Details of firearm	<input type="text"/>		
64.5	Police station ⁽²⁾	<input type="text"/>	64.6 CAS/Case number	<input type="text"/>
64.7	Circumstances	<input type="text"/>		
64.8	Details of firearm	<input type="text"/>		

65	WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If yes, submit the following details
65.1	Police station ⁽¹⁾	<input type="text"/>	65.2 CAS/Case number	<input type="text"/>
65.3	Charge	<input type="text"/>	65.4 Outcome	<input type="text"/>
65.5	Police station ⁽²⁾	<input type="text"/>	65.6 CAS/Case number	<input type="text"/>
65.7	Charge	<input type="text"/>	65.8 Outcome	<input type="text"/>

66	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
66.1	Police station ⁽¹⁾	<input type="text"/>	66.2 CAS/Case number	<input type="text"/>
66.3	Charge	<input type="text"/>		
66.4	Date from	<input type="text"/>	66.5 Period	<input type="text"/>
66.6	Police station ⁽²⁾	<input type="text"/>	66.7 CAS/Case number	<input type="text"/>
66.8	Charge	<input type="text"/>		
66.9	Date from	<input type="text"/>	66.10 Period	<input type="text"/>

67	HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/> If yes, submit the following details
67.1	Police station ⁽¹⁾	<input type="text"/>	67.2 CAS/Case number	<input type="text"/>
67.3	Circumstances	<input type="text"/>	67.4 Outcome	<input type="text"/>

67.5	Police station ⁽²⁾		67.6	CAS/Case number	
67.7	Circumstances		67.8	Outcome	

68	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
68.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)				
	Type of safe	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>
	Strongroom	<input type="checkbox"/>			
	Device	<input type="checkbox"/>			
69	IS SAFE MOUNTED? (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
69.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X)				
	Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>	

70	DECLARATION BY APPLICANT
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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)
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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	
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Signature

3	
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⁴ Fingerprint designation

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5	
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Name of applicant in block letters

6	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"/>
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7	Place	<input type="text"/>
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8.1

8.28384

9

9.1

9.2

9.3

9.4

1

2357811.1213

14

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5	Date					-			-		
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6
Signature of parent/guardian

7	Place	
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*** NOTIFICATION OF CHANGE OF ADDRESS ***

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

K.	FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER
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1	REPORT OF DESIGNATED FIREARMS OFFICER IN THE CASE OF A RESTRICTED FIREARM FOR SELF-DEFENCE
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2	Place where the applicant resides (indicate with an X)	urban area		rural area		farm		smallholding	
		other							

3	If the applicant resides in a rural area/on a farm or smallholding, state the following
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3.1	Distance to nearest neighbours		metre/kilometre
3.2	Distance to nearest police station		metre/kilometre

4	Does the applicant reside near/not near a high-risk/crime-rated area? If the applicant resides near a crime-rated area submit motivation

5	Does the applicant reside or work in a dangerous area or a high-risk area? If yes, submit motivation.

6	Is the applicant a (Indicate with an X)	dedicated hunter		dedicated sports-person		private collector		public collector	
6.1	How many firearms does the applicant possess?								

1	L. RECOMMENDATION REGARDING THE APPLICATION (Applicable to all types of applications)
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	Recommended		Not recommended	
1.1	Motivation regarding the application			

1.2

Report regarding the physical inspection of the applicant's safeguarding facilities	

2

Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date

-

4

Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place

6

Signature of Designated Firearms Officer/Station Commissioner

7

-

Persal number of Designated Firearms Officer/Station Commissioner