

SOUTH AFRICAN POLICE SERVICE

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)

OFFICIAL DATE STAMP	Α.	F		OFFIC IERE T									
	¹ App	olication re	eferer	nce No	\top		Т					T	
	² Nur	mber of a	pplica	ition					,	of			
DATE RECEIVED													
B. FOR OFFICIAL USE BY F	OU ICE STA	ATION VA	/UEB	e Tue	ADD	LICAT	TION	IC DE	CEI	VED			
Province	POLICE STA	ATION W	/HER	C INC	APP	LICAI	ION	IS KE	CEI	VED			
Area							•••••			•••••			
Police station							•••••						
Component code													
Firearm applications register reference No	SAPS 86	S NO	<u> </u>				Т	'EAR					
												_	
c. FOR OFFICIAL U	ISE BY THE	CENTR	AL F	IREA	RMS F	EGIS	TER	(CFR	2)				
¹ Outstanding/Additional information required													
					•••••					•••••		•••••	
					•••••					•••••	••••••••••	•••••	•••••
_ 2	Persal number	er			-			-			3 Date	е	
												_	
⁴ Signature of police official							5 Non	ne in b	look	lottor			
⁶ Application for licence approved (Indicate with a	in X)						ivan	ie in b	DIOCK	letters	<u> </u>		
The second of th	,, ,,,					••••••	•••••	•••••		•••••			
- 7	Persal number	er			-			-			8 Date	е	
			_									_	
9			╛				11						
⁹ Signature of CFR officer ¹² Application for licence refused (Indicate with an		Officer co		on(s) fo			'' Na	me in	block	lette	rs		
Application for licence refused (indicate with an	(X)		Reas	on(s) ic	or retu	sai							
												***************************************	•••••
_ 14	Persal numb	per						-			¹⁵ Da	te	
			7									_	
16 Signature of CFR officer	17 ,	Officer co	 de			18	8 Nan	ne in b	olock	letter			
Signature of CER Unicer	,	- III - CI - CO	uU				ival	TO III L	AUUIN.	- CUCI	•		

	D.		TYPE	OF APPLICATION F	OR A L	ICENCE TO P	OSSESS	A FIREA	RM(S)				
	¹ Main firearm	licence holder	r	² Additional firea	ırm licer	nce holder	(Indica	ate with an >	()				
3	Section number			Туре о	f licence	e/permit					Period of validity		Х
3.1	13	Licence to po	ossess	a firearm for self-defence	е					F	ive years	,	
3.2	14	Licence to po	ossess	a restricted firearm for se	elf-defe	nce				Т	wo years	3	
3.3	15	Licence to po	ossess	a firearm for occasional	hunting	and/or sport-sho	oting			1	en years	5	
3.4	16	Licence to po	ossess	a firearm for dedicated h	nunting a	and/or dedicated	sport-shoo	oting		1	en years	5	
3.5	17	Licence to po	ossess	a firearm in a private col	lection					1	Ten years	5	
3. 6	19	Licence to po	ossess	a firearm, in a public coll	lection					1	en years	;	
3.7	20	Licence to po	ossess	a firearm for business pu	urposes	: Business in hur	nting			F	ive years	3	
3.8	20	Licence to po	ossess	a firearm for business pu	urposes	: Other business	purposes			Т	wo years	3	
3. 9	20	Licence to po productions	ossess	a firearm for business pu	urposes	: For use in thea	trical, film a	and TV		T	wo years	3	
3.10	20	_		a firearm for business pu						T	wo years	\$	
3.11	20			a firearm for business pu						-	wo years	-	
3.12	20	Licence to po	ossess	a firearm for business pu	urposes	: As a game rand	cher				wo years	S	
	E			DESCRIPTIO	ON OF	FIREARM (Indic	ate with an 2	K)					
	TYPE OF FIRE	EARM											
1	Rifl	le		Shotgun		Hand	dgun			Con	nbination		
	Other, specify indeterminable type)												
	DETAILS OF	FIREARM (Ind	icate wi	th an X)									
1.1	Action			Semi-automatic		Automatic				Manu	ıal		
				Other action (specify)									
1.2													
	Names and ad	ldresses engra	ved in	the metal									
1.3							14						
1.5	Calibre						1.4 C	alibre cod	e				
1.6	Make												
	Model												
1.7	Firearm compo	7.	l						1.8				
1.9	Barrel serial no								1.8 M		<u> </u>		
1.11	Frame serial n								1.10		<u> </u>		
	Receiver seria	l number							1.12	/lake			
	F		_	PARTIC	ULAR	OF CURREN	T OWNE	R					
1	Type of owne	r (Indicate with a	n X)										
1.2		A e owner		B Firearm dealer		C Company	Im	D ported firea	arm		E Esta		

NATURAL PERSON'S DETAILS

3	TYPE A (Private owner)																				
4	Surname													5	Initia	ls					
6	Full names																		'		_
7	Identity number											-				Т	-			-	
8	Residential address										'				_				'		
														9	Posta	al Cod	le				
10	Postal address																		'		
														11	Pos	tal Co	de				
12	Telephone number	12.1	Home		()					П	12.2 _W	/ork		()					_
12.3	Cellphone number										7	13 F	ax		()					
14	E-mail address																				
15	Are there any additional firearn	n licenc	e holde	rs for	this fi	rearm'	? (Indic	cate wit	h an	X)			YES	3				N	0		
16		\neg																			
	JURISTIC PERSON'S DETAIL	_S																			
17	TYPE B (Firearm dealer)																				
40	, ,																				
18	Registered company name																				
19	Trading as name										1										
20	FAR number																				
21	Postal address																	_			\square
														22	Pos	tal Co	de				Ш
23	Business address													_				_			
														24	Pos	stal Co	de				
25	Business telephone number	:	^{25.1} Wor	k	()						25.2	Fax	()					
26	E-mail address																				
27	Responsible person (Name and	d surna	me)																		
28	Type of identification (Indicate w	ith an X)				SA c	itizen					No	on-SA	citiz	en wi	ith per	mane	ent res	sidend	ce*	
29	Identity number of responsible	person										-					-			-	
30	Cellphone number																				
31	Physical address																				
														32	Pos	tal Co	de				
33	Postal address																				
														34	Pos	stal Co	de				
35																					
	SAP 350 (A) DETAILS Firearm received from																				
36	Name																				
37	Identification number or FAR n	umber			Τ	Π															
38	Address						-										<u>'</u>				-
39	Dootel and			\top	T		40 5	\a4a ua	a a live	a al					П	Т					

	TYPE C (Companies)																			
42	Registered company name																			
43	Trading as name																			
44	FAR number																			
45	Postal address																			
													46	Posta	al Coc	le				
47	Business address																			
													48	Posta	al Coc	le				
49	Business telephone number	49.	.1 Work	()						49.2	Fax	(,)					
50	E-mail address																			
51	Responsible person (Name and	surnam	ie)																	
52	Type of identification (Indicate with	h an X)			SA c	itizen					No	n-SA	citize	n wit	h peri	mane	nt res	idenc	e*	
53	Identity number of responsible p	erson									-					-			-	
54	Cellphone number																			
55	Physical address																			
													56	Post	al Cod	de				
57	Postal address																		_	
													58	Posta	al Coc	le				
59		$\overline{}$																		
33	TYPE D (Imported firearms)																			
60	Import permit number																			
61	Date issued														-			-		
62	Expiry date														-			-		
63		$\overline{}$																		
l	TYPE E (Estate)																			
64	Type of estate (Indicate with an X)	,																		
65						_												_	l	
	Executorship		Adminis	stratorsh	ip			Cu	rators	ship					Trus	t]	
66	Surname													67 In	itials					
68	Full names																			
69	Identity number of the owner of	the firea	ırm								-					-			-	
70	Name and surname of executor,	, admini	strator, c	urator, tr	ustee	or liq	uidato	or												
71	Type of identification (Indicate with	h an X)	Non	-SA citiz	en wit	h perr	nane	nt res	idenc	:e*					SA ci	itizen				
72	Identity number of executor, adm	ninistrat	or, curate	or,							-					-			-	
73	Telephone number	^{73.1} Ho	ome	()						732 V	/ork		()					
73.3	Cellphone number										⁷⁴ Fa	ax		()					
75	Physical address																			
													7	⁶ Pos	tal Co	ode				
77	Postal address																			
													7	⁸ Pos	tal Co	de				
	* In case of a non-SA citizen proo	f of perr	nanent re	esidence	muct	ho ci	hmitt	od												

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

79										APS 2/1
19	Physical address w	here firearm(s) is kept								
							80 Postal C	ode		
'										
81	DECLARATION	BY PERSON WHO IS	LAWFULLY IN	POSSESSION	OF THE	FIREARM	I(S)			
	I hereby declare that necessary licence(s)	the above firearm(s) is/ar has/have been obtained	re legally in my po and that the partic	essession and the culars of the firea	at I propose rm(s) are co	to sell or s orrect and a	upply it to the accurate.	applicant o	nce the	
	I am aware that it is a this application.	an offence in terms of sec	etion 120 (9)(f) of t	he Firearms Cor	ntrol Act, 200	00 (Act No	60 of 2000), to	make a fa	alse state	ement in
82	Name and surname	e of current owner/authori	zed person							
83	Identification numb	er of current owner/autho	rized			-		-		-
	porcon									
84	Designation			85	Date		-		-	
86				87	Diago					
	Signature of current of	owner/authorized person			Place					
	G.	PARTICULA	RS OF APPLICA	ANT (Complete or	nly the section	that has bea	aring on you.)			
1	PARTICULARS OF	EXISTING COMPETEN	CY CERTIFICATE	E (Indicate with an 2	x)					
1.1	A	Canada and and distanta	to tue de in fine e une							
1.2	В	Competency certificate Competency certificate				\blacksquare				
1.3	С	Competency certificate			h	\mathbf{H}				
1.4										
	D	Competency certificate	to possess a firea	Irm (Indicate with a	n X)	_				
		Handgun	Rifle	S	hotgun					
1.5	Competency certific	cate number								
1.6	Date of issue	-	-	1.7 Expi	ry date		-		-	
•						_		_	_	
2	DETAILS OF	FIREARMS IN YOUR P	OSSESSION AN	D FOR WHICH	OU HAVE	A LICENC	E, PERMIT OF	AUTHOR	RIZATION	ı
2.1	Туре	Calibre	Make	Barrel Ser	ial No	Frame/re	eceiver Serial No		ence/per norization	
						•••••				
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NATURAL PERSO	N'S D	ETAIL	s																											
PRIVATE PERSON	ı																													
Type of identificati	ion (In	dicate v	with a	ın X)																										
SA citizen		Non-	SA c	itizen	with	pern	mane	ent r	esi	dend	ce*			_				_						_						
Identity number of p	rivate	perso	n											L			-				_		L	┙	-	L	_		-	
Surname																						8	Initia	als						
Full names	<u>L</u> ,						_			_	_						_			_	_,					_				
Date of birth	Щ				-				-				11	Ag	e							12	Ger	de	r	L	Ма	le	Fer	nale
Residential address	;																				_			_		_	_			
																					1	⁴ Po	stal	Co	de					
Postal address																					_					_	_			
				_		_			_		_				_						1	Po	stal	Co	de	L				
Type of residence (eg sha	ack, fla	at, ca	arava	n, co	ttage	, ho	use,	ho	stel	or				L				_	_										
Trade or profession												19	If se	lf-en	nplo	yed	, spe	eci	fy											
Name of employer/o	compa	any																												
Business address																					2	2 -		_			_			
			23.1														23	2			L [*]	² Po			de	L	Ц		<u> </u>	
Telephone number			_0.1	Hom	е	()									24		Wo			(
Cellphone number																			Fax			()							
E-mail address																													—	
Marital status (Indic	ate wi	th an X))																											
Single			N	/larrie	d					Di	vor	ced						V	/idc	w						W	ido	wer		

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

23.3

Other (specify)

28	PARTICULARS OF APPLICA	NT'S SPC	USE/	PART	NER																
29	Type of identification (Indicate	with an X)																			
29.1	SA ID Passport	П																			
30	Identity number of spouse											-					-			-	
31	Passport number of spouse																				
32	Name and surname																				
33	JURISTIC PERSON'S DETAIL	_S																			
34	OTHER BODIES (eg body corpo	rate, close	corpora	ation o	rcomp	any)															
35	Registered company name																				
36	Trading as name																				
37	FAR number																				
38	Postal address													_			_				
														39	Posta	Code	е				
40	Business address																				\square
40				_										41	Posta	Code	е				Щ
42	Business telephone number	42.1 Wor	k	()							42.2	Fax	()						
43	E-mail address						_	_													
44	Number of firearms already re	gistered to	the b	usine	ss																
45	Number of persons employed	by the bus		to ha	ndle f	irearn	ns														Щ
46																					
46	Responsible person (Name an	d surnam	e)	_							_										$\overline{}$
47	Responsible person (Name an Type of identification (Indicate w		e)				SA c	itizen				No	on-SA	A citizo	en wit	h peri	mane	nt res	idenc	e*	
47 48		ith an X)	e)				SA d	itizen				No -	on-SA	A citizo	en wit	h peri	mane -	nt res	idenc	e* -	
47 48 49	Type of identification (Indicate w	ith an X)	e)				SA d	itizen				-	on-SA	A citize	en wit	h peri	mane -	nt res	idenc	e* -	
47 48	Type of identification (Indicate was Identity number of responsible	ith an X)	e)				SA o	itizen				No	on-S <i>A</i>				-	nt res	idenc	e* -	
47 48 49 50	Type of identification (Indicate work Identity number of responsible Cellphone number Physical address	ith an X)	e)				SA o	itizen				-	on-SA		Posta		-	nt res	idenc	e* -	
47 48 49	Type of identification (Indicate was Identity number of responsible Cellphone number	ith an X)	e)				SA o	itizen				-	on-SA	51	Posta	l Cod	- e	nt res	idenc	e* -	
47 48 49 50	Type of identification (Indicate work Identity number of responsible Cellphone number Physical address	ith an X)	e)				SAC	itizen				-	on-SA	51		l Cod	- e	nt res	idenc	e* -	
47 48 49 50	Type of identification (Indicate work Identity number of responsible Cellphone number Physical address	person		i, dedic	cated s	ports-				ors onl	y.)	No.	on-SA	51	Posta	l Cod	- e	nt res	idenc	- ·	
47 48 49 50 52	Type of identification (Indicate work Identity number of responsible Cellphone number Physical address Postal address	person dedicated	hunters				perso	ns or c		ers onl		No	on-SA	51	Posta	I Cod	e e			-	s
47 48 49 50 52	Type of identification (Indicate would like the Indicate would like the Indica	person dedicated	hunters				perso	ns or c	ollecto	ors onl]	on-SA	51	Posta	I Cod	e e			-	S
47 48 49 50 52 54	Type of identification (Indicate would like the Indicate would like the Indica	person dedicated dited association	hunters				perso	ns or c	ollecto	ors onl]	on-SA	51	Posta	I Cod	e e			-	s
47 48 49 50 52 54 55 56	Type of identification (Indicate well Identity number of responsible Cellphone number Physical address Postal address OTHER DETAILS (Applicable to Are you a member of an accreed State name of accredited associated asso	person dedicated dited association	hunters				perso	yl Yl	ollecto		N]	DDN-SA	51	Posta	I Cod	e e			-	s
47 48 49 50 52 54 55 56 57	Type of identification (Indicate would like the Indicate would like the Indica	person dedicated dited association	hunters				perso	YI	ollecto	pined	N]	DDN-SA	51	Posta	I Cod	e e			-	s
47 48 49 50 52 54 55 56 57	Type of identification (Indicate well Identity number of responsible Cellphone number Physical address Postal address OTHER DETAILS (Applicable to Are you a member of an accreed State name of accredited associated asso	dedicated dited association ociation	hunters	n? (Ind	dicate	with a	person X)	59 C 60 E	ollecto	oined date	N]	on-SA	51	Posta	I Cod	e e			-	s
47 48 49 50 52 54 55 56 57 58	Type of identification (Indicate would like the Indicate would like the Indica	dedicated dited association ociation	hunters	n? (Ind	dicate	with a	person X)	59 C 60 E	ollecto	oined date	N]	on-SA	51	Posta	I Cod	e e			-	s

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

62		EEN	CONVICTED OF AN	OFF	ENCE COMMITTED INSID	DE OR OUTSIDE THE BOR	RDERS OF THE RSA?
	YES		NO		If yes, submit the following	ng details	
62.1	Police station ⁽¹⁾						
62.3							
62.4	Outcome						
62.5	Police station (2)					62.6 CAS/Case number	
62.7	Charge						J
62.8	Outcome						
63	ARE THERE ANY CA	ASE	S PENDING AGAINST	YO	U? (Indicate with an X)		
	YES		NO		If yes, submit the following	ng details	
63.1	Police station (1)					63.2 CAS/Case number	
63.3	Offence					4	
63.4	Police station (2)					63.5 CAS/Case number	
63.6	Police station (1) Charge Outcome ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X) YES NO If yes, submit the following details Police station (2) Coffence HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X) YES NO If yes, submit the following details Police station (1) Coffence HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X) YES NO If yes, submit the following details Police station (1) Ferror Station (1) Police station (1) Police station (1) Police station (1) Circumstances Details of firearm Police station (1) Corrections (1) Police station (1) Ferror Station (1) Police station (2) Corrections (1) Police station (1) Ferror Station (1) Police station (1) Police station (1) Police station (2) Ferror Station (3) Police station (4) Police station (5) Police station (6) Police station (7) Corrections (6) Police station (7) Corrections (6) Police station (7) Corrections (7) Police station (8) Police station (9) Police station (1) Corrections (1) Police station (1) Poli						
64	HAVE ANY OF YOU	R FII	REARM(S) EVER BEE	EN L	OST/STOLEN? (Indicate wi	ith an X)	
64.1	Police station (1)					64.2 CAS/Case number	
64.3	Circumstances			•••••			J
64.7	Details of firearm						
64.5	Police station (2)					64.6 CAS/Case number	
64.7	Circumstances						J
64.8	Details of firearm						
65	WAS A CASE OF NE	EGLI	GENCE OPENED AN	D IN	VESTIGATED REGARDIN	IG THE STOLEN/LOST FIF	REARM? (Indicate with an X)
	YES		NO		If yes, submit the following	ng details	
65.1	Police station (1)					65.2 CAS/Case number	
65.3	Charge					65.4 Outcome	
65.5	Police station (2)					65.6 CAS/Case number	
65.7	Charge					65.8 Outcome	
66	HAVE YOU EVER B	EEN	DECLARED UNFIT T	ΌΡ	OSSESS A FIREARM? (Inc	dicate with an X)	
	YES		NO		If yes, submit the following	ng details	
66.1	Police station (1)					66.2 CAS/Case number	
66.3	Charge						J
66.4	Date from					66.5 Period	
66.6	Police station (2)					66.7 CAS/Case number	
66.8	Charge Outcome ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X) YES NO If yes, submit the following details Police station (1) Offence HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X) YES NO If yes, submit the following details Police station (1) Circumstances Details of Ifrearm Police station (2) Circumstances Details of Ifrearm WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X) YES NO If yes, submit the following details Police station (3) Fe Se						
66.9	Date from					^{66.10} Period	
67	HAS A FIREARM IN	ΥΟι	IR POSSESSION BEI	EN C	CONFISCATED? (Indicate w	rith an X)	
	YES		NO		If yes, submit the following	ng details	
67.1	Police station (1)					67.2 CAS/Case number	
67.3	Circumstances						

67.5	Police station (2)			67.6	CAS/Case number		
67.7	Circumstances			67.8	Outcome		
68	DO YOU HAVE THE	PRESCRIBED SAFE? (In	dicate with an X)				
	YES	NO					
68.1	IF YES, SUBMIT FUL	L DETAILS (Indicate with	an X, with short description)				
	Type of safe	Handgun	Rifle				
	Strongroom						
	Device						
69	IS SAFE MOUNTED?	(Indicate with an X)					
	YES	NO					
69.1	IF YES, SUBMIT FUL	L DETAILS (Indicate with	an X)				
	Wall	Floor					
70	DECLARATION BY A	APPLICANT					
	DECLARATION BY A	APPLICANT					
	I am aware that it is an this application.	offence in terms of section	on 120 (9)(f) of the Fireari	ms Control A	ct, 2000 (Act No 60 of	f 2000), to mak	ke a false statement in
	Н.	SIGN	ATURE OF APPLICA	NT (Sign only	if applicable)		
	 The photo mus applicant. The backgroun The applicant r photograph. The applicant's on the back of form. The applicant r The work of form. The work of form. The work of form. The work of form. The mapplicant r The work of form. 	of the photo: h must be in colour and rest be the size of a standars to be a full front view of the dot of the photo must be properties and identification the photograph before it must sign in black ink. The may not exceed the border must be pressed down should not be rolled and	ed passport photograph. e head and shoulders of lain. or sunglasses on the number must be written is affixed on the application	the	PHO	ΓΟ	1 ⁴ Fingerprint
5	2	Signature		6 Dat	e		designation
	L Name of applicant in blo	ock letters					
				7 Plac	ce		

8	PARTICULARS OF POLICE C	FFICIAL DEAL	ING WITH	APPLI	CATION											
8.1						8.2		\top		\top		_				
	Name of police official in block le	etters	l				Pers	al num	ber of po	lice offi	cial					
8.3						8.4										
	Rank of police official in block le	tters					Signa	ature o	f police o	official						
9	PARTICULARS OF WITNESS															
9.1			l			9.2								ı		
9.1	Name of witness in block letters					9.2	Persal n	umber	of witnes	s		-				
9.3						9.4										
	Rank of witness in block letters						Signa	ature of	witness			•••••				
	I.		PARTI	CULA	RS OF	INTE	RPRETI	ER								
	(This section must be	completed only							underst	and the	conte	ent of	this fo	orm.)		
1	Name and surname of interpre	ter														
2	Identity/Passport number of int	erpreter														
3	Residential address															
_										⁴ Pos	stal Co	de				
5	Postal address									6						
7		71					72			⁶ Pos	al Cod	de				Ш
8	Telephone number	7.1 Home	()				7.2 Wo		()						
10	Cellphone number E-mail address						Fax		()						
11	Interpreted from (language)						to									
	morproted nem (language)					12] "	-		$\overline{}$				$\overline{}$		
						12	Date				-			-		
13						14	Disease									
	Signature of interpreter						Place									
15						16		Т		\top		_				
	Rank of police official in block le	tters (if applicabl	le)					Persa	l numbe	r of poli	ce offi	cial (i	f appl	icable)	
	J.	P.	RENTAL	CON	SENT II	N CA	SE OF A	MINO	OR .							
1	Door								NI=4							
	Reco	mmended							Not red	commer	ided					
2	Name and surname of parent/g	guardian														
3	Identity/Passport number of pa	rent/guardian														
4	Comments of parent/guardian															
							•••••									
													•••••			

				5	Date		<u> </u>		_		\top	_	T
					Date								
				7	Place								
	Signature of parent/guardian												
		*** NOTIFIC	ATION OF	CHANGE	OF ADDRI	ESS ***							
	The Registrar must be inforr	ned of all chang	es of addre	ess/circum	stances wit	thin 30 d	ays of	such c	hange	es occ	urring		
							0==10						
	K. FOR OF	FICIAL USE I	BY THE D	ESIGNA	TED FIRE	ARMS	OFFIC	ER					
	REPORT OF DESIGNATED FI	REARMS OFFIC	ER IN THE	E CASE O	F A RESTE	RICTED	FIREA	RM FC	R SE	LF-DI	EFENC	Œ	
	Place where the applicant resides (indicate	with an X)	urban are	a	rural area	a	far	m		П	small	holding	П
			other										
.1	If the applicant resides in a rural area/on a	a farm or smallh	olding, stat	e the follo	wing								
.2	Distance to nearest neighbours										metre	/kilomet	tre
.2	Distance to nearest police station										metre	/kilomet	tre
	Does the applicant reside near/not near a	high-risk/crime-	rated area	? If the app	olicant resid	des near	a crime	e-rated	l area	subm	it moti	vation	
	Does the applicant reside or work in a dar	ngerous area or	a high-risk	area? If ye	es, submit r	motivatio	n.						
	Is the applicant a (Indicate with an X)	edicated hunter		dedicated	sports-	р	rivate o	collecto	or	р	oublic o	collector	
				perso	-								
.1	How many firearms does the applicant po	ssess?											
								_	_	_	_		_
	L. RECOMMENDAT	ION REGARD	ING THE	APPLIC	ATION (Ap	oplicable to	o all type	s of ap	plicatio	ons)		_	
	Recommended					N	ot reco	mmen	ded				
.1	Motivation regarding the application												

Report regarding the physical inspection of the applicant's safeguarding f	aciliti										
	3	Date									
lame of Designated Firearms Officer/Station Commissioner in block letter	s										
	5	Place									
ank of Designated Firearms Officer/Station Commissioner in block letters	i										
	7							_]	
Signature of Designated Firearms Officer/Station Commissioner		Persal n	umber	of De	signa	ted F	irearr	ns Of	ficer/s	Statio	n

Commissioner