

# 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)

version 0.2

**D. TYPE OF APPLICATION FOR A LICENCE TO POSSESS A FIREARM(S)**<sup>1</sup> Main firearm licence holder<sup>2</sup> 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	16A Licence to possess a firearm for professional hunting	Ten years	
3.6	17 Licence to possess a firearm in a private collection	Ten years	
3.7	19 Licence to possess a firearm, in a public collection	Ten years	
3.8	20 Licence to possess a firearm for business purposes: business as game rancher and in hunting	Ten years	
3.9	20 Licence to possess a firearm for business purposes: Other business purposes	Five years	
3.10	20 Licence to possess a firearm for business purposes: For use in theatrical, film and TV productions	Five years	
3.11	20 Licence to possess a firearm for business purposes: As a security business	Five years	
3.12	20 Licence to possess a firearm for business purposes: For training purposes	Five years	
3.13	20 Licence to possess a firearm for business purposes: As a game rancher	Five years	

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

Rifle		Shotgun		Handgun		Hand Machine Carbine		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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2

**NATURAL PERSON'S DETAILS**

3

**TYPE A** (Private owner)

4

Surname

<sup>5</sup> Initials

6

Full names

7

Identity number

8

Residential address

<sup>9</sup> Postal Code

10

Postal address

<sup>11</sup> Postal Code

12

Telephone number

<sup>12.1</sup> Home

( )

<sup>12.2</sup> Work

( )

12.3

Cellphone number

<sup>13</sup> 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

<sup>22</sup> Postal Code

23

Business address

<sup>24</sup> Postal Code

25

Business telephone number

<sup>25.1</sup> Work

( )

<sup>25.2</sup> 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

<sup>32</sup> Postal Code

33

Postal address

<sup>34</sup> Postal Code

35

**SAP 350 (A) DETAILS**

Firearm received from

36

Name

37

Identification number or FAR number

38

Address

39

Postal code

<sup>40</sup> Date received

C

C

Y

Y

-

M

M

-

D

D

\* 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

<sup>46</sup> Postal Code

47

Business address

<sup>48</sup> Postal Code

49

Business telephone number

<sup>49.1</sup> Work

( )

<sup>49.2</sup> 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

<sup>56</sup> Postal Code

57

Postal address

<sup>58</sup> Postal Code

59

**TYPE D (Imported firearms)**

60

Import permit number

61

Date issued

C

C

Y

Y

-

M

M

-

D

D

62

Expiry date

C

C

Y

Y

-

M

M

-

D

D

63

**TYPE E (Estate)**

64

**Type of estate** (Indicate with an X)

65

Executorship

Administratorship

Curatorship

Trust

66

Surname

<sup>67</sup> Initials

68

Full names

69

Identity number of person handling the estate

-

-

-

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

<sup>73.1</sup> Home

( )

<sup>73.2</sup> Work

( )

73.3

Cellphone number

<sup>74</sup> Fax

( )

75

Physical address

<sup>76</sup> Postal Code

77

Postal address

<sup>78</sup> Postal Code

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

81

## 82

838486

1

## 1.1

## 1.2

### 1.3

1.41.51.6

2

## 2.1

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[illegible]

## NATURAL PERSON'S DETAILS

**PRIVATE PERSON**

## Type of identification (Indicate with an X)

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		C	C	Y	Y	-	M	M	-	D	D	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																													

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

27	Single		Married		Divorced		Widow		Widower	
	Other (specify)									

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

### PARTICULARS OF APPLICANT'S SPOUSE/PARTNER

## Type of identification (Indicate with an X)

29.1	SA ID		Passport																	
30	Identity number of spouse										-					-			-	



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 <sup>(1)</sup>			62.2	CAS/Case number
62.3	Charge				
62.4	Outcome				
62.5	Police station <sup>(2)</sup>			62.6	CAS/Case number
62.7	Charge				
62.8	Outcome				

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 <sup>(1)</sup>			63.2	CAS/Case number
63.3	Offence				
63.4	Police station <sup>(2)</sup>			63.5	CAS/Case number
63.6	Offence				

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 <sup>(1)</sup>			64.2	CAS/Case number
64.3	Circumstances				
64.7	Details of firearm				
64.5	Police station <sup>(2)</sup>			64.6	CAS/Case number
64.7	Circumstances				
64.8	Details of firearm				

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 <sup>(1)</sup>			65.2	CAS/Case number
65.3	Charge			65.4	Outcome
65.5	Police station <sup>(2)</sup>			65.6	CAS/Case number
65.7	Charge			65.8	Outcome

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 <sup>(1)</sup>			66.2	CAS/Case number
66.3	Charge				
66.4	Date from			66.5	Period
66.6	Police station <sup>(2)</sup>			66.7	CAS/Case number
66.8	Charge				
66.9	Date from			66.10	Period

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 <sup>(1)</sup>			67.2	CAS/Case number
67.3	Circumstances			67.4	Outcome
67.5	Police station <sup>(2)</sup>			67.6	CAS/Case number



67.7	Circumstances		67.8	Outcome	
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68	<b>DO YOU HAVE THE PRESCRIBED SAFE?</b> (Indicate with an X)				
	<table style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">YES</td> <td style="width: 5%;"></td> <td style="width: 20%; text-align: center;">NO</td> <td style="width: 5%;"></td> </tr> </table>	YES		NO	
YES		NO			

  

68.1	<b>IF YES, SUBMIT FULL DETAILS</b> (Indicate with an X, with short description)															
	<table style="width: 100%;"> <tr> <td style="width: 20%;">Type of safe</td> <td style="width: 20%; text-align: center;">Handgun</td> <td style="width: 5%;"></td> <td style="width: 20%; text-align: center;">Rifle</td> <td style="width: 5%;"></td> </tr> <tr> <td>Strongroom</td> <td colspan="4"></td> </tr> <tr> <td>Device</td> <td colspan="4"></td> </tr> </table>	Type of safe	Handgun		Rifle		Strongroom					Device				
Type of safe	Handgun		Rifle													
Strongroom																
Device																

  

69	<b>IS SAFE MOUNTED?</b> (Indicate with an X)				
	<table style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">YES</td> <td style="width: 5%;"></td> <td style="width: 20%; text-align: center;">NO</td> <td style="width: 5%;"></td> </tr> </table>	YES		NO	
YES		NO			

  

69.1	<b>IF YES, SUBMIT FULL DETAILS</b> (Indicate with an X, with short description)				
	<table style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">Wall</td> <td style="width: 5%;"></td> <td style="width: 20%; text-align: center;">Floor</td> <td style="width: 5%;"></td> </tr> </table>	Wall		Floor	
Wall		Floor			

  

70	<b>DECLARATION BY APPLICANT</b>
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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)

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

<sup>4</sup> Fingerprint designation

3

2

Signature

5



Name of applicant in block letters

6

Date	C	C	Y	Y	-	M	M	-	D	D
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7

Place	
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## I. 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																
												<sup>4</sup> 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	C	C	Y	Y	-	M	M	-	D	D
			14 Place										
13 Signature of interpreter													
15			16										
Rank of police official in block letters (if applicable)			Persal number of police official (if applicable)										

<b>J. PARENTAL CONSENT IN CASE OF A MINOR</b>																					
Recommended							Not recommended														
2 Name and surname of parent/guardian																					
3 Identity/Passport number of parent/guardian																					
4 Comments of parent/guardian																					

			5 Date	C	C	Y	Y	-	M	M	-	D	D
6 Signature of parent/guardian			7 Place										

8 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1	8.2
Name of police official in block letters	Persal number of police official
8.3	8.4
Rank of police official in block letters	Signature of police official

9 **PARTICULARS OF WITNESS**

9.1	9.2
Name of witness in block letters	Persal number of witness
9.3	9.4
Rank of witness in block letters	Signature of witness

\*\*\* 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**

**REPORT OF DESIGNATED FIREARMS OFFICER IN THE CASE OF A RESTRICTED FIREARM FOR SELF-DEFENCE**

Place where the applicant resides (indicate with an X)	urban area		rural area		farm		smallholding	
	other							

If the applicant resides in a rural area/on a farm or smallholding, state the following

Distance to nearest neighbours		metre/kilometre
Distance to nearest police station		metre/kilometre

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


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


Is the applicant a (Indicate with an (X))	dedicated hunter		dedicated sports-person		private collector		public collector	
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How many firearms does the applicant possess?	
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**L. RECOMMENDATION REGARDING THE APPLICATION**

(Applicable to all types of applications)

Recommended		Not recommended	
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Motivation regarding the application	

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


Name of Designated Firearms Officer/Station Commissioner in block letters

Rank of Designated Firearms Officer/Station Commissioner in block letters

Signature of Designated Firearms Officer/Station Commissioner

Date	C	C	Y	Y	-	M	M	-	D	D
------	---	---	---	---	---	---	---	---	---	---

Place	
-------	--

							-	
--	--	--	--	--	--	--	---	--

Persal number of Designated Firearms Officer/Station Commissioner