

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A FURTHER COMPETENCY CERTIFICATE

Section 9(6)(a) of the Firearms Control Act, 2000 (Act No 60 of 2000)

FOR OFFICIAL USE BY THE POLICE STATION

OFFICIAL DATE STAMP

	WHERE THE APPLICATION IS CAPTURED
	¹ Application reference No
DATE RECEIVED	
B. FOR OFFICIAL USE BY PO	LICE STATION WHERE THE APPLICATION IS RECEIVED
Province	
Area	
Police station	
Component code	
Firearm applications register reference number	SAPS 86 NO YEAR
c. FOR OFFICIAL US	E BY THE CENTRAL FIREARMS REGISTER (CFR)
Outstanding/Additional information required	
	3 Data
	ersal number Date
⁴ Signature of police official	⁵ Name in block letters
Application for a further competency certificate approved (Indicate with an X)	Nume in plock letters
approved (Indicate with an X)	
	ersal number 8 Date
	Total Humber
⁹ Signature of CFR officer	10 Officer code 11 Name in block letters
12 Application for a further competency certificate refused (Indicate with an X)	
Toruseu (indicate with an X)	
_ 14 P	Persal number 15 Date
16	
¹⁶ Signature of CFR officer	17 Officer code 18 Name in block letters

	D.		TY	PE OF FURT	HER CO	MPETEN	CY CERTIF	ICATE (ndicate w	ith an X)			
1	A	To trade in fir	oarme					$\overline{}$					
2	В	To trade in firearms To manufacture firearms											
3	С												
4	D		To conduct business as a gunsmith To possess a firearm (indicate with X)										
	В	Handgun	iireaiiii (i	Rifle		Sh	otgun						
		наподин		Kille		5110	otgun						
	E.			PARTIC	CULARS	OF APP	LICANT						
1	NATURAL PERSO	N'S DETAILS											
2	Type of identificat	ion (Indicate with	an X)										
2.1	SA ID	Non-SA	citizen w	th permanent r	esidence*								
3	Identity number				\Box		-			-			-
4	Surname								5	Initials			
6	Full names												•
7	Residential address	S											
		-							⁸ Pos	tal Code			
9	Postal address												-
									¹⁰ Po	stal Code			
11	Telephone number	11	.1 Home	()			^{11.2} Work	()				
11.3	Cellphone number						12 Fax	()				
13	E-mail address												
14	Trade or profession	1				15 If self	f-employed, s	pecify					
16	Name of employer/	company											
17	Business address												
									¹⁸ Pos	stal Code			
19	Telephone number	19	.1 Home	()			^{19.2} Work	()				
19.3	Cellphone number						²⁰ Fax	()				
21	E-mail address												
	F. PAR	TICULARS O	F CURR	ENT/PREVIO	US CON	IPETENC	Y CERTIFIC	CATE IS	SUED 1	ΓΟ ΑΡΡΙ	ICAN ¹	Γ	
1	Type of competence	v certificate											
2	Competency certific												
3	Date of issue		-	-		⁴ Expiry	date			-		-	
5	ARE YOU A MEME	SER OF AN AC	CREDITE	D ASSOCIATI	ON? (India	ate with an	X)						
	YES	T T	NO			he followin							
6	Name of accredited			11 900	, _ 3&	2 . 5 . 5 . 7 . 7 . 7	J						
7	Membership number					8 Date	ioined			_		_	
ļ	* Proof of permanent		t be subn	nitted, if an app	licant is n					1			

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OTHER INFORMATION	

)	HAVE YOU EVER BEEN (Indicate with an X)	I CONVICTED OF AN O	OFFE	ENCE, COMMITTED INSI	DE OR OUTSIDE THE BO	RDERS OF THE RSA?
	YES	NO		If yes, submit the following	ng details	
.1	Police station (1)		•		10.2 CAS/Case number	
.3	Charge					
.4	Outcome					
.5	Police station (2)				10.6 CAS/Case number	
.7	Charge					
8.0	Outcome					
[
	ARE THERE ANY CASE	S PENDING AGAINST	YOU	J? (Indicate with an X)		
	YES	NO		If yes, submit the following		
.1	Police station (1)				11.2 CAS/Case number	
.3	Offence					
.4	Police station (2)				11.5 CAS/Case number	
.6	Offence					
ſ	LIAVE ANY OF YOUR FI	DE ADM(C) EVED DEE	- N. I. C	OCT/CTOL FNO		
			EN LC	OST/STOLEN? (Indicate wi		
2.1	YES (1)	NO		If yes, submit the following		
2.3	Police station (1)				12.2 CAS/Case number	
2.7	Circumstances					
2.5	Details of firearm				12.6	
2.7	Police station (2)				12.6 CAS/Case number	
2.8	Circumstances					
	Details of firearm					
	WAS A CASE OF NEGL	IGENCE OPENED AND	D INV	/ESTIGATED REGARDIN	IG THE STOLEN/LOST FIR	REARM? (Indicate with an X)
	YES	NO		If yes, submit the followin	g details	
.1	Police station ⁽¹⁾				13.2 CAS/Case number	
.3	Charge				13.4 Outcome	
.5	Police station (2)				13.6 CAS/Case number	
.7	Charge				^{13.8} Outcome	
	HAVE YOU EVER BEEN	I DECLARED UNFIT TO	о РО	DSSESS A FIREARM? (Inc	dicate with an X)	
	YES	NO	П	If yes, submit the followin	ng details	
.1	Police station (1)				14.2 CAS/Case number	
.3	Charge					J
.4	Date from				14.5 Period	
.6	Police station (2)				14.7 CAS/Case number	
.8	Charge					I
.9	Date from				14.10 Period	

							SADS 517(a)			
15	LIAC A FIDE ADM IN	I VOI	ID DOCCESSION DE	EN C	CONFICCATEDO (C. 11)		SAPS 517(a)			
	HAS A FIREARINI IN	100	OUR POSSESSION BEEN CONFISCATED? (Indicate with an X)							
	YES		NO		If yes, submit the following	g details				
15.1	Police station (1)					15.2 CAS/Case number				
15.3	Circumstances					15.4 Outcome				
15.5	Police station (2)					^{15.6} CAS/Case number				
15.7	Circumstances					15.8 Outcome				
16	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.									
	G.		SIG	NA ⁻	TURE 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. **PHOTO** 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 The applicant must sign in black ink. 1 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. ⁴ Fingerprint designation 2 3 Date Name of applicant in block letters Place PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION 8.2 Name of police official in block letters Persal number of police official 8.4 Rank of police official in block letters Signature of police official PARTICULARS OF WITNESS 9.2 Name of witness in block letters Persal number of witness

9.4

Signature of witness

8.1

8.3

9.1

9.3

Rank of witness in block letters

	H. (This section must be	e completed <u>on</u>	PARTI y if the appl							unde	rstand t	he c	conte	nt of	this f	orm.)	
1	Name and surname of interpre	ter															
2	Identity/Passport number of int	terpreter															
3	Residential address																
											⁴ Po	stal	Code	Э			
5	Postal address																
											⁶ Po	stal	Code	e			
7	Telephone number	7.1 Home	()					Work	()						
8	Cellphone number						9 Fa	ах	()						
10	E-mail address						T										
11	Interpreted from (language)						1	to									
						12	Date	9					_			_	
							200								<u> </u>		
13						14	Plac	ce									
	Signature of interpreter		•														
15						16								-			
	Rank of police official in block le	tters(if applicab	le)				Р	ersal r	numl	oer of	police o	offici	ial(if a	applio	cable))	
		` ''	,				•				•		`	• •	,		
	I.		ARENTAL	. CON	SENT	IN CA					'		`		,		
1				. CON	SENT	IN CA)R	recomm						
1		Pommended		. CON	SENT	IN CA)R					,		
	Reco	pmmended guardian		. CON	SENT	IN CA)R							
2	Reco	pmmended guardian		. CON	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		. CON	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		CON	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		CON	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		CON	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		CON	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		CONS	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		CONS	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		CON	SENT	IN CA)R							
2	Name and surname of parent/g	pmmended guardian		CON	SENT	IN CA	SEO	FAM)R							
2	Name and surname of parent/g	pmmended guardian		CON	SENT			FAM)R							

J.	RECOMMENDATION (To be completed by the Designated Firearms Officer/Station Commissioner)
J.	RECOMMENDATION (To be completed by the Designated Firearms Officer/Station Commissioner)

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	RECOMMENDATION REGAR	DING THE APPLICATION
	Recommended	Not recommended
Motivation		
		_
		4 Date
Name of Designate	d Firearms Officer/Station Commissioner in block letter	s
		6 Place
Rank of Designated	I Firearms Officer/Station Commissioner in block letters	
		8
Signature of Design	nated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/
.ga.a.a or boolgii		Station Commissioner