

## SOUTH AFRICAN POLICE SERVICE

## APPLICATION FOR A COMPETENCY CERTIFICATE Section 9 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		FICIAL USE BY THE E THE APPLICATION		
	<sup>1</sup> Application reference l	No		
DATE RECEIVED				
B. FOR OFFICIAL USE BY THE	POLICE STATION WHERE	E THE APPLICATION	N IS RECEIVED	
Province				
Area				
Police station				
Component code				
Firearm applications register reference No	SAPS 86 NO		YEAR	
c. FOR OFFICIAL US	SE BY THE CENTRAL FIRE	ADMS DEGISTED	CED)	
<sup>1</sup> Outstanding/Additional information required	DE BT THE CENTRAL FIRE	EARING REGISTER	OFK)	
Occount and government of quite and an arrangement of quite and arrangement of quite arrangement of quit				
	ersal number	-	- 3 Date	!
	_			7
<sup>4</sup> Signature of police official		<sup>5</sup> Name i	n block letters	J
<sup>6</sup> Application for competency certificate approve	<b>d</b> (Indicate with an X)	Name	I block letters	
	,	<b>_</b>		
- 7 F	ersal number	-	- 8 Date	!
				_
				J
9 Signature of CFR officer	<sup>10</sup> Officer code		in block letters	
<sup>12</sup> Application for competency certificate refused	(Indicate with an X)	13 Reason(s) for re	etusal	
_ 14	Persal number	-	- 15 Dat	e
				_
				J
<sup>16</sup> Signature of CFR officer	17 Officer code	<sup>18</sup> Name i	n block letters	

	D.				7	ГҮРЕ	OF (	СОМІ	PE1	TENC	Y CE	RTIF	ICAT	E (Ind	licate v	with an	(X)							
	A	Tot	trade ir	n fire	arm	s										7								
	В		manufa				<u> </u>																	
	С	То	conduc	ct bu	sine	ss as	a gun:	smith																
	D	Тог	posses	ss a t	firea	rm (Ind	dicate v	with an	X)															
		На	andgur	n			F	Rifle				S	hotgu	ın										
	E.							PAF	RTIC	CULA	RS O	F AF	PLIC	CANT										
	TYPE OF CITIZEN	SHIP	(Indica	te wit	th an	X)																		
	SA citizen		Non-	-SA	citize	en with	n perm	nanen	t res	sidenc	e*													
	Identity number of	applic	ant												-					-			-	
	Surname																	4	Initials	S				
	Full names									_														
	Age				7	Gend	er	Ma	ale		Fei	nale		(Indi	cate w	ith an 2	X)							
	Date of birth					-			-															
	Residential address	s																						
																	10	Post	al Co	de				
	Postal address																							
																	12	Post	al Co	de				
	Description of type	of res	sidence	e (eg	g sha	ck, fla	at, car	avan,	cott	tage, l	ouse,	hoste	el or h	omele	ess)									
	Trade or profession	1			_						15	If se	elf-em	ploye	d, spe	cify	ī		1	1				
	Name of employer/	comp	any																					
	Business address																_	_	_	_		1		
												_						<sup>18</sup> Pos	tal Co	ode				
3	Telephone number			19.1	<sup>1</sup> Hor	me	(	)				_	.2 Wo		(	)								
J	Cellphone number											20	Fax		(	)								
	E-mail address																							
	Marital status (Indi	cate w	ith an X	()																				
.1	Single			ı	Marr	ied				Div	orced				١	Nidov	V				Wide	ower		
	Other (specify)							•					•											-
	PARTICULARS OF	SPC	OUSE/I	PAR	TNE	R (If a	pplicab	le)																
1	Type of identificat	ion (I	ndicate	with	an X)	)			]															
.1	SA ID		Pass	sport	t																			
2	Identity number of	spous	se/parti	ner											-					-			-	
2										1	1							1						t

Passport number of spouse/partner

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

## APPLICATION FOR A COMPETENCY CERTIFICATE TO TRADE IN FIREARMS AND/OR AMMUNITION, OR TO MANUFACTURE FIREARMS AND/OR AMMUNITION, OR TO CONDUCT BUSINESS AS A GUNSMITH (THIS APPLIES TO FIREARM DEALERS, MANUFACTURERS AND GUNSMITHS ONLY.)

Have you successfu	ully complet	ed the prescr	ibed tes	t on the knowled	dge of this A	ct? (Indicate with an X)		
YES		NO						
Have you successfu	ully complet	ed the prescr	ibed trai	ining and practic	cal test for de	alers, manufacturers or g	unsmiths?	(Indicate with an X)
YES		NO						
			•					
In the case of deale	ers, manufa	cturers or gur	smiths,	submit details o	of relevant qu	alifications/experience		
-	4.55							_
G.	APPL	ICATION FO				ATE TO POSSESS A RSONS ONLY.)	FIREARN	Λ
			`			,		
Have you successfu	ully complet	ed the prescr	ibed tes	t on this Act? (In	dicate with an	X)		
YES		NO						
Have you successful (Indicate with an X)	ully complet	ed the prescr	ibed trai	ining and practic	cal tests on t	ne safe and efficient hand	lling of a fire	earm?
YES		NO						
For which firearm(s	) did you re		scribed t	raining? (Indicate	with an X)			
Pistol	, 2.2 ,02 10	The the proc	Revolv			Rifle		Shotgun
Other (specify	v)					0		
2 (00001)								
н.				OTHER II	NFORMAT	ION		
DO VOULUNE A	TD A IN INC. 1	EDTIFICATI	. 160: :=	D DV 411 406	EDITED TO	AINING INCTITUTIONS		10
	RAINING		ISSUE	D BY AN ACCR	REDITED IR	AINING INSTITUTION? (I	Indicate with	an X)
YES		NO						
Name of accredited								
Serial number on tra	aining certif	icate issued						
Date issued								
HAVE YOU EVER	BEEN CON	VICTED OF	AN OFF	ENCE COMMIT	TED INSIDE	OR OUTSIDE THE BOF	RDERS OF	THE RSA?
(Indicate with an X)								
YES		NO		If yes, submit	the following	details		
Police station (1)						5.2 CAS/Case number		
Charge								
Outcome								
Police station (2)						<sup>5.6</sup> CAS/Case number		
Charge							,	
Outcome								

6	ARE THERE ANY C	ASE	S PENDING AGAINS	T YO	<b>U?</b> (Indicate with an X)		
	YES		NO		If yes, submit the follow	ving details	
6.1	Police station (1)					6.2 CAS/Case numb	er
6.3	Offence						
6.4	Police station (2)					6.5 CAS/Case numb	er
6.6	Offence						
7							
		IR FII	1	ENL	OST/STOLEN? (Indicate		
7.1	YES Police station (1)		NO		If yes, submit the follow		
7.3						7.2 CAS/Case numb	er _
7.7	Circumstances						
7.5	Details of firearm  Police station (2)					7.6 CAS/Case numb	
7.7						CAS/Case numb	er
7.8	Circumstances						
	Details of firearm						
8	WAS A CASE OF N	EGLI	GENCE OPENED A	ND IN	VESTIGATED REGARD	ING THE STOLEN/LOS	FIREARM? (Indicate with an X)
	YES		NO		If yes, submit the follow	ving details	
8.1	Police station <sup>(1)</sup>					8.2 CAS/Case numb	er
8.3	Charge					8.4 Outcome	
8.5	Police station (2)					8.6 CAS/Case numb	er
8.7	Charge					8.8 Outcome	
9	HAVE VOILEVED B	PEEN	DECLARED LINEIT	TO B	OSSESS A FIREARM?	the disease with see Mi	
	YES	PEEN	NO NO		If yes, submit the follow	,	
9.1	Police station <sup>(1)</sup>		140		ii yes, subiiiit tiie iollov	9.2 CAS/Case numb	<u>α</u>
9.3	Charge						<u> </u>
9.4	Date from					9.5 Period	
9.6	Police station (2)					9.7 CAS/Case numb	er
9.8	Charge						<u></u>
9.9	Date from					9.10 Period	
40				_			
10	HAS A FIREARM IN	YOU	JR POSSESSION BE	EN C	CONFISCATED? (Indicate	e with an X)	
40.4	YES		NO		If yes, submit the follow	_ <del>`</del>	
10.1	Police station (1)					10.2 CAS/Case numb	er
10.3	Circumstances					10.4 Outcome	
10.5	Police station (2)					10.6 CAS/Case numb	er
10.7	Circumstances					<sup>10.8</sup> Outcome	
11							ED BY A POLICE OFFICIAL  WHERE? (Indicate with an X)
	YES		NO		If yes, submit details		

									SAI
IN THE PAST FIN	/E YEAR	S HAVE YOU BEE	N DEI	NIED A LIC	CENCE, PERMIT OR	AUTH	IORIZATION REGARI	DING	A FIREARM?
YES		NO		If yes, se	ubmit details				
			_			_		_	
					MPT SUICIDE, SUFFE TIC SUBSTANCE AB		FROM MAJOR DEP (Indicate with an X)	RESS	SION OR EMOTION
YES		NO		If yes, si	ubmit details				
							CAL PRACTITIONER OR EMOTIONAL PRO		
YES		NO		If yes, su	ubmit details				
					RCE OR SEPARATIO		COM AN INTIMATE PA	RTN	ER WITH WHOM Y
YES		NO		If yes, su	ubmit details				
						_			
IN THE PAST TW	O YEAF	RS HAVE YOU EXP	ERIE	NCED AN	Y FORCED JOB LOS	<b>3?</b> (In	ndicate with an X)		
YES		NO		If yes, si	ubmit details				
IF YOU ARE UNI CERTIFICATE M			s, co	MPELLIN	G REASONS WHICH	REQ	UIRE YOU TO OBTAI	N A (	COMPETENCY
*Compelling reas	ONS (Indic	ate with an X)							
Conduct a busin	ness	Gainfully e	nploye	∍d	Dedicated hunter		Dedicated sports- person		Private collector
Public collector		Othe	er						
Submit full details	3	•							
	, <b></b>								
DECLARATION I	BY APPI	ICANT							

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.

	I. SIGNATURE	OF APPLIC	ANT	(Sigi	n only if a	applica	ble)								
	Note:														
	The requirements of the photo:														
	<ul> <li>The photograph must be in colour and may not exc</li> <li>The photo must be the size of a standard passport</li> <li>The photo must be a full front view of the head and applicant.</li> <li>The background of the photo must be plain.</li> <li>The applicant may not be wearing a hat or sunglass photograph.</li> <li>The applicant's name and identification number mu on the back of the photograph before it is affixed or form.</li> <li>The applicant must sign in black ink.</li> <li>The signature may not exceed the border.</li> <li>The whole finger must be pressed down on the she</li> </ul>	photograph. shoulders of the ses on the ses on the application the application eet.	ne				PH	ОТ	ГО			1			
	- The fingerprint should not be rolled and must be a f	riat impression.	•												
:	2											3	<sup>4</sup> Finge desiç	erprint gnation	
	Signature														
Γ			6	D	ate					-			-		
N	ame of applicant in block letters													•	
			7	Р	lace										
	PARTICULARS OF POLICE OFFICIAL DEALING WITH A	APPLICATION													
Г			8.2								  -		]		
N	ame of police official in block letters				Persal	numb	er of p	olice	e offic	cial			1		
R	tank of police official in block letters		8.4		Signat	ure of	police	e offi	cial						
	PARTICULARS OF WITNESS														
Г			9.2								Ι.		]		
N	lame of witness in block letters				Persal	numb	er of v	witne	ss		<u> </u>				
	lank of witness in block letters		9.4		Signati	ure of	witnes	 SS							
	Submit proof of that indicated in par 11.1.  J. PARTIC  (This section must be completed only if the appli	CULARS OF icant cannot re					under	rstan	d the	conte	ent of	this f	orm.)		
	Name and surname of interpreter														_
	Identity/Passport number of interpreter														_
	Residential address		•	•						•		•			
								4	Pos	tal Co	de				
	Postal address														

<sup>6</sup> Postal Code

												;	SAPS	S 517
7	Telephone number	<sup>7.1</sup> Home (	)			7.2 Work	(	)						Ì
8	Cellphone number					<sup>9</sup> Fax	(	)						
10	E-mail address													
11	Interpreted from (language)					to								
					12	Dete			1		$\neg$	一		
						Date			<u> </u>			-		
13					14	Place								
	Signature of interpreter					Flace								
15					16					_				
	Rank of police official in block le	tters (if applicable	e)			Persal	number of	police of	ficial (if	applic	cable)			
	К.	PA	RENTAL	CONSE	ENT IN CA	SE OF A	MINOR							
1					_							$\equiv$		
	Reco	ommended					Not	recomme	ended					
2	Name and surname of parent/	guardian									-	-		
3	Identity/Passport number of pa	arent/guardian												
4	Comments of parent/guardian				•			•						
					5	Date			Τ.		$\Box$	_		
_								<u> </u>	Ī	]		<u> </u>		
6			-		7	Place								

Signature of parent/guardian

## FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS THE INTERVIEWS (INTERVIEW REPORT)

INTER	/IEW	<b>1</b> (Wit	th a p	erso	on oth	ner tha	an the a	applic	ant's	spou	se or	partn	er)													
SA ID				P	asspo	ort			(Indi	cate w	ith an	X)														
Identity	numb	er of	interv	iewe	ee												-					-			-	
Passpo	rt nun	nber o	f inte	rvie	wee																					
Surnam	ne																			<sup>5</sup> I	nitials	;				
Full nar	nes										_															
Age						8	Gende	er	Ma	ale		Fe	male		(In	ndica	te wi	th an 2	X)							
Address	s																									
																			<sup>10</sup>	Posta	l Cod	е				
Telepho	one nu	umber	. 11	<sup>1.1</sup> H	lome	(	)						11	.2 W	ork		(	)								1
Cellpho	ne nu	mber											12	Fa	ax		(	)								
The inte	erview	⁄ee's r	elatio	n to	the a	applica	ant? (e	g neig	ghbou	r, em	ploye	r, par	ents)													
Comme	ents of	f the ir	ntervi	ewe	е																					
																										•••••
Date					Τ.			_			16	Tim	e													
Comme	ents of	f the n	olice	offic	rial w	ho co	nducte	d the	interv	iew.																
Commi	JI 110 0	. шо р	-01100	Ome	olal W	110 00	ilaaoto	u 1110	1111011	1011	J															
In what	manr	ner wa	s the	inte	rview	cond	ucted?	(eg i	n pers	son, b	y tele	phon	e)													
Date					-			-			20	Tim	е													
								7					22											1		
Name of	nolice	offici	al in h	nloci	k lette	ers									Per	sal ı	num	her o	f noli	ce off	icial	-		_		
I valle of	police	OHICA	ai iii k	JIOCI	N IGHE	713		7					•		1 61	sai i	Hulli	Dei O	i poii	ce on	ICIAI					
Donk of r	olioo	officio	اط مذا	امماد	lotto			_					24		Cian			polic	o off							
Rank of p	oolice	опісіа	ii in bi	IOCK	lette	rs								i i	Sign	iatur	re or	polic	е оп	ciai						
INTER	/IEW	<b>2</b> (W	ith a p	pers	on ot	her th	an the	applio	cant's	spou	ise or	partr	er)													
0.4.15			l						]																	
SA ID					asspo	ort			(Indi	cate w	ith an	X)	1	ı	1	1	1				Ì		1	l	1	1
Identity														-	-	+	-					-	_		-	
Passpo	rt nun	nber o	f inte	rvie	wee																					
Surnam	ne																			29	Initial	S				
Full nar	nes																									
Age						32	Gende	er	Ма	ale		Fe	male		(In	ndica	te wi	th an 2	X)							
Addres	s				-									_												
																			:	34 Pos	stal C	ode				
Telepho			35	5.1	lome	(							35.2	Woi	al.		,	`					_			<u> </u>

35.3	Cellphone	number											36	Fax		(	)								
37	The intervi	ewee's r	elation	to the	app	olicant	:? (eg	, neig	hbou	r, em	ploye	r, pare	ents)												
38	Comments																								
39	Date				_			_			40	Time	!										-		
41	Comments	of police	e offici	al afte	r the	e inter	view																		
		•										•••••													
42	In what ma	nner wa	s the i	ntervie	W C	onduc	ted?	(eg ir	n pers	on, b	y tele	phone	e)												
43	Date	Т			-	T		-	İ			Time													
45				I.				1								1						1	 1		
	Name of poli	ce offici	al in hl	ock let	tore								46		Pareal	num	per of p	olice	a offic	rial	-				
47	Name of poil	ce omci	ai iii bi	OCK IC	iicis			1					48		Cisai	Hulli	oei oi p	JOHC	5 OIIIC	Jiai					
	Rank of polic	o officia	l in blo	ok lott	ore								40				police	offic							
	Nank or polic	e unicia	I III DIC	JCK IEII	.615										oigilai	uie oi	police	OIIIC	Jai						
49	INTERVIE	W WITH	APPL	ICAN	Γ'S :	SPOU	SE/P	ART	NER	(If app	licable	)													
49.1	SA ID			Pass	port				(India	cate wi	ith an	X)													
50	Identity nui	mber of	spouse													-					_			_	
51	Passport n	umber o	f spou	se/par	tner																				
52	Surname													•		•	•		53	Initial	s				
54	Full names	,																				•			
55	Age					<sup>56</sup> G	ende	r	Ma	ale		Fer	nale		(Indi	cate w	ith an X)								
57	Address				•																				
																		58	Post	al Co	de				
59	Telephone	number			59	.1 Hon	ne	(	)					59.2 V	Vork		(	)							
59.3	Cellphone	number												<sup>60</sup> F	ax		(	)							
61	Comments	of spou	se/par	tner	<u> </u>																				
62	Date				-			-			63	Time	•												
64	Comments	of the n	olico c	official	who	cond	uctoo	l the i	nton	io\ <sub>*</sub> /															
	Comments	от ше р	Once (	moial	WITO	Condi	uol <del>e</del> C	ı ul <del>e</del> l	iii. <del>C</del> IV	IC 4A	J	•••••													

65	In what manner was the interview conducted? (eg in person, by telephone)
66	Date
67	Name of police official in block letters  Persal number of police official
69	70
	Rank of police official in block letters Signature of police official
71	OTHER DETAILS (To be completed by the Designated Firearms Officer)
72	
	Describe the health and physical fitness of the applicant
73	
13	Describe the mental condition of the applicant and indicate whether he/she is inclined to act violently
74	General impression of the applicant's character, including his or her temper and emotional and behavioural stability
75	Is the applicant dependant on any substance which has an intoxicating or narcotic effect? If yes, submit details
76	Are there any negative aspects known about the applicant? If yes, submit details
77	Does the applicant have a criminal history? If yes, submit details

	Describe the applic	of a firearn														
ſ																
	IF THE APPLICAN APPLICANT TO O						IF COMPEL	LING F	REASON	S EXIS	T WH	ICH R	REQU	IRE TH	IE	
1 [	Compelling reasons	(Indicate wit	h an X)													
	Conduct a busine	SS	Gainf	ully emplo	yed	Dedic	ated hunter			ted spo erson	orts-		Priv	ate co	llector	
	Other											•				
2	Confirmation of cor	npelling rea	sons													
ŀ																
	М.	REC	OMMEN	DATION	(To be com	npleted by th	e Designated	Firearms	s Officer/S	tation Co	ommiss	ioner)				
	М.	REC	OMMEN				e Designated				ommiss	ioner)				
	М.		<b>DMMEN</b>	RECOM					LICATIO							
	M.  Motivation			RECOM					LICATIO	N						
				RECOM					LICATIO	N						
				RECOM					LICATIO	N						
				RECOM					LICATIO	N						
				RECOM					LICATIO	N						
				RECOM					LICATIO	N						
				RECOM					LICATIO	N						
				RECOM					LICATIO	N						
				RECOM					LICATIO	N						
				RECOM			ARDING TH	E APPI	LICATIO	N						
		Reco	mmende	RECOM	MENDAT	TION REG/	ARDING TH		LICATIO	N					-	
	Motivation	Reco	mmende	RECOM	MENDAT	TION REG/	3 D	E APPI	LICATIO	N					- 1	
	Motivation	Reco	mmende	RECOM	nissioner i	n block lett	3 Deers	E APPI	LICATIO	N					-	
	Motivation	Reco	mmende	RECOM	nissioner i	n block lett	3 Deers	E APPI	LICATIO	N						