



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO POSSESS A FIREARM

Section 21 of the Firearms Control Act, 2000 (Act No 60 of 2000)

<p>OFFICIAL DATE STAMP</p> <p>DATE RECEIVED</p>
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A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
¹ Application reference No									

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED			
1	Province		
2	Area		
3	Police station		
4	Component code		
5	Firearm applications register reference No	SAPS 86	NO
		YEAR	

C. FOR OFFICIAL USE BY THE DECIDING OFFICER			
¹ Outstanding/Additional information required			
	² Persal number		³ Date
..... ⁴ Signature of police official		<input style="width: 100%;" type="text"/> ⁵ Name in block letters	
⁶ Application for a temporary authorization approved (Indicate with an X) <input type="checkbox"/>			
	⁷ Persal number		⁸ Date
..... ⁹ Signature of deciding officer		<input style="width: 30px; height: 20px;" type="text"/> ¹⁰ Officer code	<input style="width: 100%;" type="text"/> ¹¹ Name in block letters
¹² Application for a temporary authorization refused (Indicate with an X) <input type="checkbox"/>			¹³ Reason(s) for refusal
	¹⁴ Persal number		¹⁵ Date
..... ¹⁶ Signature of deciding officer		<input style="width: 30px; height: 20px;" type="text"/> ¹⁷ Officer code	<input style="width: 100%;" type="text"/> ¹⁸ Name in block letters

D. DESCRIPTION OF FIREARM (Indicate with an X)

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

DETAILS OF FIREARM (Indicate with an X)

Action	Semi-automatic		Automatic		Manual	
	Other action (specify)					

Calibre			
Make			
Model			

Firearm component type:

Barrel serial number		⁸ Make	
Frame serial number		¹⁰ Make	
Receiver serial number		¹² Make	
Every name and address engraved in the metal			

E. PARTICULARS OF PERSON IN POSSESSION OF FIREARM

Surname	² Initials	
Full names		
Identity number of person in possession of the firearm		
Residential address		
⁶ Postal Code		
Postal address		
⁸ Postal Code		
Telephone number	^{9.1} Home ()	^{9.2} Work ()
Cellphone number		¹⁰ Fax ()
E-Mail address		

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

Registered company name			
Trading as name			
Company registration number			
FAR number			
Postal address			
¹⁸ Postal Code			
Business address			
²⁰ Postal Code			
Business telephone number	^{21.1} Work ()	^{21.2} Fax ()	
E-mail address			

24 **JURISTIC PERSON'S DETAILS**

25	Registered company name																				
26	Trading as name																				
27	FAR number																				
28	Postal address																				
												29 Postal Code									
30	Business address																				
												31 Postal Code									
32	Business telephone number	32.1 Work	()	32.2 Fax	()														
33	E-mail address																				
34	Responsible person (full name and surname)																				
35	Type of identification (Indicate with an X)	SA ID				Passport number															
36	Identity number of responsible person							-						-				-			
37	Passport number of responsible person																				
38	Cellphone number																				
39	Physical address																				
												40 Postal Code									
41	Postal address																				
												42 Postal Code									

G. OTHER DETAILS

1 Period for which authorization is required

FROM

Date						-						
------	--	--	--	--	--	---	--	--	--	--	--	--

TO

Date						-						
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2 Motivation of purpose for which the firearm is required

3 **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
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3.1 Police station (1)		3.2 CAS/Case number	
3.3 Charge	<hr/>		
3.4 Outcome	<hr/>		
3.5 Police station (2)		3.6 CAS/Case number	
3.7 Charge	<hr/>		
3.8 Outcome	<hr/>		

4 **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
4.1	Police station ⁽¹⁾			4.2 CAS/Case number
4.3	Offence			
4.4	Police station ⁽²⁾			4.5 CAS/Case number
4.6	Offence			

5 **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
5.1	Police station ⁽¹⁾			5.2 CAS/Case number
5.3	Circumstances			
5.7	Details of firearm			
5.5	Police station ⁽²⁾			5.6 CAS/Case number
5.7	Circumstances			
5.8	Details of firearm			

6 **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
6.1	Police station ⁽¹⁾			6.2 CAS/Case number
5.3	Charge			
6.4	Date from			6.5 Period
6.6	Police station ⁽²⁾			6.7 CAS/Case number
6.8	Charge			
6.9	Date from			6.10 Period

7 **DO YOU HAVE THE PRESCRIBED SAFE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
7.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)			
	Type of safe	Handgun	<input type="checkbox"/>	Rifle
	Strongroom	<input type="checkbox"/>		
	Device	<input type="checkbox"/>		
8	IS SAFE MOUNTED? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
8.1	IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)			
	Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>

9 Provide proof of previous experience in the handling of firearms or previous training in firearms

10

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.

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

Signature

2

Fingerprint area

3

⁴ Fingerprint designation

Fingerprint designation box

Name of applicant in block letters

Name of applicant in block letters

Date

Date

Place

Place

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

Name of police official in block letters

Name of police official in block letters

Persal number of police official

Persal number of police official

Rank of police official in block letters

Rank of police official in block letters

Signature of police official

Signature of police official

PARTICULARS OF WITNESS

Name of witness in block letters

Name of witness in block letters

Persal number of witness

Persal number of witness

Rank of witness in block letters

Rank of witness in block letters

Signature of witness

Signature of witness

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.)

Name and surname of interpreter

Name and surname of interpreter

Identity/Passport number of interpreter

Identity/Passport number of interpreter

3	Residential address						
		4 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** - -

13
Signature of interpreter

14 **Place**

15
Rank of police officer in block letters(if applicable)

16 -
Persal number of police official(if applicable)

J. PARENTAL CONSENT IN CASE OF A MINOR

	Recommended		Not recommended	
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2	Name and surname of parent/guardian											
3	Identity/Passport number of parent/guardian											
4	Comments of parent/guardian	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>										

5 **Date** - -

6
Signature of parent/guardian_

7 **Place**

K. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1 **RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)**

	Recommended		Not recommended	
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2.1 **Motivation**

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