



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

Section 24, 35, 49 and 63 of the Firearm Control Act, 2000 (Act No 60 of 2000)

<b>OFFICIAL DATE STAMP</b>
<b>DATE RECEIVED</b>

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
<sup>1</sup> 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 number	SAPS 86	NO
			YEAR

C. TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with an X)				
1	<b>Licences</b>	2.1	Licence to deal in firearms and ammunition	
1.1	Licence to possess a firearm for self-defence	2.2	Licence to manufacture firearms and ammunition	
1.2	Licence to possess a restricted firearm for self-defence	2.3	Licence to conduct business as a gunsmith	
1.3	Licence to possess a firearm for security officer purposes	3	<b>Permits</b>	
1.4	Licence to possess a firearm for occasional hunting and sports-shooting	3.1	Permit to possess ammunition in a private collection	
1.5	Licence to possess a firearm for dedicated hunting and dedicated sports-shooting	3.2	Permit to possess ammunition in a public collection	
1.6	Licence to possess a firearm in a private collection	3.3	Import permit	
1.7	Licence to possess a firearm in a public collection (museums)	3.4	Export permit	
1.8	Licence to possess a firearm for business purposes: Business in hunting	3.5	In-transit permit	
1.9	Licence to possess a firearm for business purposes: Other business purposes	3.6	Multiple import and export permit	
2	<b>Licence issued to particular categories of persons</b>	3.7	Temporary import/export permit	

Details of original licence, permit, certificate or authorization		
Licence, permit, certificate or authorization number	Date issued	Expiry date

**D. PARTICULARS OF APPLICANT**

**NATURAL PERSON'S DETAILS**

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

SA ID	Passport	Non-SA citizen with permanent residence*													
Identity number of natural person													-	-	-
Passport number of natural person															
Surname										6 Initials					
Full name															
Residential address															
Postal address										9 Postal Code					
Business telephone number										12.1 Home		( )	12.2 Work		( )
Cellphone number										13 Fax		( )			
E-mail address															

**JURISTIC PERSON'S DETAILS**

**OTHER BODIES**

Registered company name															
Trading as name															
FAR number															
Postal address															
Business address										21 Postal Code					
Business telephone number										24.1 Work		( )	24.2 Fax		( )
E-mail address															

**RESPONSIBLE PERSON'S DETAILS**

Responsible person (full names and surname)												
Type of identification (Indicate with an X)												
Identity number of responsible person												
Passport number of responsible person												

\* Proof of permanent residence must be submitted if an applicant is not a SA citizen.

31	Cellphone number				
32	Physical address				
		<sup>33</sup> Postal Code			
34	Postal address				
		<sup>35</sup> Postal Code			

36 **OTHER INFORMATION** (Indicate with an X)

37 **WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING LICENCE? IF NO, SUBMIT THE REASON**  
(Indicate with an X)

YES		NO		Reason(s)		

38 **WAS YOUR APPLICATION HANDED IN AFTER THE DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON**  
(Indicate with an X)

YES		NO		Reason(s)		

39 **WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON** (Indicate with an X)

YES		NO		Reason(s)		

40 **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.



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 

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13 Signature of interpreter

14 Place 

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Rank of police official in block letters(if applicable)

16 

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Persal number of police official (if applicable)

**G. IN CASE OF NOMINEE/AUTHORIZED PERSON**

1 Name and surname of nominee/authorized person 

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2 Identity/Passport number of nominee/authorized person 

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3 Date 

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4 Signature of nominee/authorized person

5 Place 

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

1 RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)

2	Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
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2.1 Motivation regarding the application

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

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Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date 

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Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place 

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7 Signature of Designated Firearms Officer/Station Commissioner

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Persal number of Designated Firearms Officer/Station Commissioner

