



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR RENEWAL OF LICENCE(S) IN TERMS OF THE PREVIOUS ACT

(Transitional provisions)

OFFICIAL DATE STAMP
DATE RECEIVED

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 number	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	 5 Name in block letters	
6 Application for licence approved (Indicate with an X)			
.....			
	7 Persal number	-	8 Date
..... 9 Signature of deciding officer	 10 Officer code 11 Name in block letters
12 Application for licence refused (Indicate with an X)			
.....			
.....			
13 Reason(s) for refusal			
.....			
.....			
	14 Persal number	-	15 Date
..... 16 Signature of deciding officer	 17 Officer code 18 Name in block letters

D. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

SA ID		Passport	
Identity number of natural person			
Passport number of natural person			
Surname			⁶ Initials
Residential address			
			⁸ Postal Code
Postal address			
			¹⁰ Postal Code
Telephone number	^{11.1} Home	()	^{11.2} Work ()
Cellphone number			¹² Fax ()
E-mail address			

JURISTIC PERSON'S DETAILS

OTHER BODIES

Registered company name			
Trading as name			
FAR number			
Company registration or CC number			
Postal address			²¹ Postal Code
Business address			²³ Postal Code
Business telephone number	^{24.1} Work	()	^{24.2} Fax ()
E-mail address			

RESPONSIBLE PERSON'S DETAILS

Responsible person (full name and surname)			
Type of identification (Indicate with an X)	SA ID		Passport number
Identity number of responsible person			- - -
Passport number of responsible person			
Cellphone number			
Physical address			³³ Postal Code
Postal address			³⁵ Postal Code

36 OTHER INFORMATION (Indicate with an X)

37	Type of competency certificate	
38	Competency certificate number	
39	Date of issue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ⁴⁰ Expiry date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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41.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)

Type of safe	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>
Strongroom	<input type="checkbox"/>			
Device	<input type="checkbox"/>			

42 IS SAFE MOUNTED? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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42.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)

Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>
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E. DETAILS OF CURRENT LICENCE(S), PERMIT(S), AUTHORIZATION(S) OF FIREARMS

1 State the total number of firearms currently licenced in your name

2 DETAILS OF FIREARM LICENCE(S) TO BE RENEWED

2.1

Type of firearm	Calibre	Serial number	Make	Date licence was issued

3 **DECLARATION BY APPLICANT**

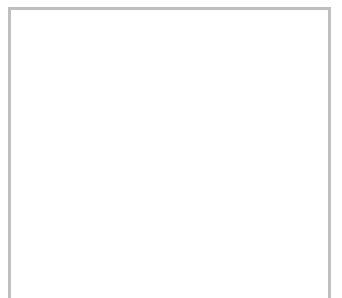
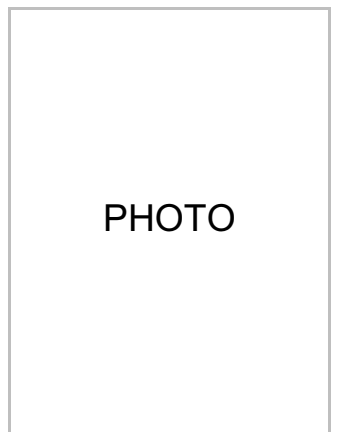
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F. 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.



5
Name of applicant in block letters

6 Date -

7 Place

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

8.1
Name of police official in block letters

8.2 -
Persal number of police official

8.3
Rank of police official in block letters

8.4
Signature of police official

9 **PARTICULARS OF WITNESS**

9.1
Name of witness in block letters

9.2 -
Persal number of witness

9.3
Rank of witness in block letters

9.4
Signature of witness

3

Recommendation	

4

Name of Designated Firearms Officer/Station Commissioner in block letters

5

Date								-					-				
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6

Rank of Designated Firearms Officer/Station Commissioner in block letters

7

Place	
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8

.....
 Signature of Designated Firearms Officer/Station Commissioner

9

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Persal number of Designated Firearms Officer/Station Commissioner