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)

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 CENTRAL FIREARMS REGISTER (CFR)

[1] **Outstanding/Additional information required**

[2] Persal number | [3] Date

[4] Signature of police official | [5] Name in block letters

[6] **Application for a further competency certificate approved** (Indicate with an X)

[7] Persal number | [8] Date

[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) | [13] **Reason(s) for refusal**

[14] Persal number | [15] Date

[16] Signature of CFR officer | [17] Officer code | [18] Name in block letters

D. TYPE OF FURTHER COMPETENCY CERTIFICATE (Indicate with an X)

1	A	To trade in firearms					
2	B	To manufacture firearms					
3	C	To conduct business as a gunsmith					
4	D	To possess a firearm (indicate with X)					
		Handgun		Rifle		Shotgun	

E. PARTICULARS OF APPLICANT

1 **NATURAL PERSON'S DETAILS**

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

2.1	SA ID		Non-SA citizen with permanent residence*																		
3	Identity number								-					-				-			
4	Surname														5 Initials						
6	Full names																				
7	Residential address																				
															8 Postal Code						
9	Postal address																				
															10 Postal Code						
11	Telephone number	11.1 Home	( )									11.2 Work	( )								
11.3	Cellphone number											12 Fax	( )								
13	E-mail address																				
14	Trade or profession											15 If self-employed, specify									
16	Name of employer/company																				
17	Business address																				
															18 Postal Code						
19	Telephone number	19.1 Home	( )									19.2 Work	( )								
19.3	Cellphone number											20 Fax	( )								
21	E-mail address																				

F. PARTICULARS OF CURRENT/PREVIOUS COMPETENCY CERTIFICATE ISSUED TO APPLICANT

1	Type of competency certificate																				
2	Competency certificate number																				
3	Date of issue					-			-			4 Expiry date					-			-		

5	**ARE YOU A MEMBER OF AN ACCREDITED ASSOCIATION?** (Indicate with an X)																				
	YES		NO		If yes, submit the following details																
6	Name of accredited association																				
7	Membership number											8 Date joined					-			-	

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

9 **OTHER INFORMATION**

10	**HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE, COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?** (Indicate with an X)					
	YES		NO		If yes, submit the following details	
10.1	Police station (1)			10.2 CAS/Case number		
10.3	Charge					
10.4	Outcome					
10.5	Police station (2)			10.6 CAS/Case number		
10.7	Charge					
10.8	Outcome					

11	**ARE THERE ANY CASES PENDING AGAINST YOU?** (Indicate with an X)					
	YES		NO		If yes, submit the following details	
11.1	Police station (1)			11.2 CAS/Case number		
11.3	Offence					
11.4	Police station (2)			11.5 CAS/Case number		
11.6	Offence					

12	**HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?** (Indicate with an X)					
	YES		NO		If yes, submit the following details	
12.1	Police station (1)			12.2 CAS/Case number		
12.3	Circumstances					
12.7	Details of firearm					
12.5	Police station (2)			12.6 CAS/Case number		
12.7	Circumstances					
12.8	Details of firearm					

13	**WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?** (Indicate with an X)					
	YES		NO		If yes, submit the following details	
13.1	Police station (1)			13.2 CAS/Case number		
13.3	Charge			13.4 Outcome		
13.5	Police station (2)			13.6 CAS/Case number		
13.7	Charge			13.8 Outcome		

14	**HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?** (Indicate with an X)					
	YES		NO		If yes, submit the following details	
14.1	Police station (1)			14.2 CAS/Case number		
14.3	Charge					
14.4	Date from			14.5 Period		
14.6	Police station (2)			14.7 CAS/Case number		
14.8	Charge					
14.9	Date from			14.10 Period		

15 **HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED?** (Indicate with an X)

YES		NO		If yes, submit the following 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. 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

2

3

4 Fingerprint designation

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

H. 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.)

1	Name and surname of interpreter																				
2	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 official in block letters(if applicable)

16 Persal number of police official(if applicable)

I. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended ☐ Not recommended ☐

2	Name and surname of parent/guardian																				
3	Identity/Passport number of parent/guardian																				
4	Comment of parent/guardian																				

5 Date ____ - ____ - ____

6 ..... Signature of parent/guardian

7 Place

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

1

RECOMMENDATION REGARDING THE APPLICATION

Recommended		Not recommended	

2 Motivation

3 Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date ____ ____ - ____ ____ - ____ ____

5 Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 ____ ____ ____ ____ ____ ____ ____ - ____

Persal number of Designated Firearms Officer/ Station Commissioner