



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

1	A	To trade in firearms	<input type="checkbox"/>					
2	B	To manufacture firearms	<input type="checkbox"/>					
3	C	To conduct business as a gunsmith	<input type="checkbox"/>					
4	D	To possess a firearm (Indicate with an X)	<input type="checkbox"/>					
	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>	Self loading Rifle	<input type="checkbox"/>

**E. PARTICULARS OF APPLICANT**

**TYPE OF CITIZENSHIP** (Indicate with an X)

1.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>														
2	Identity number of applicant										-	-	-					
3	Surname										4 Initials							
5	Full names																	
6	Age		7 Gender		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	(Indicate with an X)									
8	Date of birth												-	-				
9	Residential address																	
											10 Postal Code							
11	Postal address																	
											12 Postal Code							
13	Description of type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)																	
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																	

**Marital status** (Indicate with an X)

22.1	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

**PARTICULARS OF SPOUSE/PARTNER** (If applicable)

23.1	<b>Type of identification</b> (Indicate with an X)												
23.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>									
23.2	Identity number of spouse/partner										-	-	-
23.3	Passport number of spouse/partner										-	-	-

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

**F. 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.)

1 Have you successfully completed the prescribed test on the knowledge of this Act? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

2 Have you successfully completed the prescribed training and practical test for dealers, manufacturers or gunsmiths? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

3 In the case of dealers, manufacturers or gunsmiths, submit details of relevant qualifications/experience


**G. APPLICATION FOR A COMPETENCY CERTIFICATE TO POSSESS A FIREARM**  
(THIS APPLIES TO PRIVATE PERSONS ONLY.)

1 Have you successfully completed the prescribed test on this Act? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

2 Have you successfully completed the prescribed training and practical tests on the safe and efficient handling of a firearm? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

3 For which firearm(s) did you receive the prescribed training? (Indicate with an X)

Pistol	<input type="checkbox"/>	Revolver	<input type="checkbox"/>	Rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>						

**H. OTHER INFORMATION**

1 DO YOU HAVE A TRAINING CERTIFICATE ISSUED BY AN ACCREDITED TRAINING INSTITUTION? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

2 Name of accredited training institution

3 Serial number on training certificate issued

4 Date issued

**5 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
-----	--------------------------	----	--------------------------	--------------------------------------

5.1 Police station (1) 5.2 CAS/Case number

5.3 Charge

5.4 Outcome

5.5 Police station (2) 5.6 CAS/Case number

5.7 Charge

5.8 Outcome

6 **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
6.1	Police station <sup>(1)</sup>			6.2 CAS/Case number
6.3	Offence			
6.4	Police station <sup>(2)</sup>			6.5 CAS/Case number
6.6	Offence			

7 **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
7.1	Police station <sup>(1)</sup>			7.2 CAS/Case number
7.3	Circumstances			
7.7	Details of firearm			
7.5	Police station <sup>(2)</sup>			7.6 CAS/Case number
7.7	Circumstances			
7.8	Details of firearm			

8 **WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
8.1	Police station <sup>(1)</sup>			8.2 CAS/Case number
8.3	Charge			8.4 Outcome
8.5	Police station <sup>(2)</sup>			8.6 CAS/Case number
8.7	Charge			8.8 Outcome

9 **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
9.1	Police station <sup>(1)</sup>			9.2 CAS/Case number
9.3	Charge			
9.4	Date from			9.5 Period
9.6	Police station <sup>(2)</sup>			9.7 CAS/Case number
9.8	Charge			
9.9	Date from			9.10 Period

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
10.1	Police station <sup>(1)</sup>			10.2 CAS/Case number
10.3	Circumstances			10.4 Outcome
10.5	Police station <sup>(2)</sup>			10.6 CAS/Case number
10.7	Circumstances			10.8 Outcome

11 **IN THE PAST FIVE YEARS HAVE YOU BEEN SERVED WITH A PROTECTION ORDER, OR VISITED BY A POLICE OFFICIAL CONCERNING ALLEGATIONS OF VIOLENCE OR OTHER CONFLICT IN YOUR HOME OR ELSEWHERE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details

12 **IN THE PAST FIVE YEARS HAVE YOU BEEN DENIED A LICENCE, PERMIT OR AUTHORIZATION REGARDING A FIREARM?**  
 (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
-----	--------------------------	----	--------------------------	------------------------

13 **IN THE PAST FIVE YEARS DID YOU THREATEN OR ATTEMPT SUICIDE, SUFFERED FROM MAJOR DEPRESSION OR EMOTIONAL PROBLEMS, OR ENGAGED IN INTOXICATING OR NARCOTIC SUBSTANCE ABUSE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
-----	--------------------------	----	--------------------------	------------------------

14 **IN THE PAST FIVE YEARS HAVE YOU BEEN DIAGNOSED OR TREATED BY A MEDICAL PRACTITIONER FOR DEPRESSION, DRUG, INTOXICATING OR NARCOTIC SUBSTANCE ABUSE, BEHAVIOURAL PROBLEMS OR EMOTIONAL PROBLEMS?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
-----	--------------------------	----	--------------------------	------------------------

15 **IN THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION FROM AN INTIMATE PARTNER WITH WHOM YOU RESIDED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
-----	--------------------------	----	--------------------------	------------------------

16 **IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
-----	--------------------------	----	--------------------------	------------------------

17 **IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.**

17.1 \*Compelling reasons (Indicate with an X)

Conduct a business	<input type="checkbox"/>	Gainfully employed	<input type="checkbox"/>	Dedicated hunter	<input type="checkbox"/>	Dedicated sports-person	<input type="checkbox"/>	Private collector	<input type="checkbox"/>
Public collector	<input type="checkbox"/>	Other	<input type="checkbox"/>						

17.2 Submit full details

---



---

18 **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.









65 In what manner was the interview conducted? (eg in person, by telephone)

66 Date

67

Name of police official in block letters

68

Persal number of police official

69

Rank of police official in block letters

70

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 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

.....

78 Describe the applicant's knowledge of the Firearms Control Act, 2000 (Act No 60 of 2000), and Regulations, as well as his or her knowledge of the safe handling of a firearm

---



---



---

79 **IF THE APPLICANT IS UNDER THE AGE OF 21 YEARS, CONFIRM IF COMPELLING REASONS EXIST WHICH REQUIRE THE APPLICANT TO OBTAIN A COMPETENCY CERTIFICATE.**

79.1 Compelling reasons (Indicate with an X)

Conduct a business	<input type="checkbox"/>	Gainfully employed	<input type="checkbox"/>	Dedicated hunter	<input type="checkbox"/>	Dedicated sports-person	<input type="checkbox"/>	Private collector	<input type="checkbox"/>
Other	<input type="checkbox"/>								

79.2 Confirmation of compelling reasons

---



---



---



---



---



---



---



---



---



---

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
-------------	--------------------------	-----------------	--------------------------

1.1 Motivation

---



---



---



---



---



---



---



---



---



---

2   
Name of Designated Firearms Officer/Station Commissioner in block letters

3 Date     -   -

4   
Rank of Designated Firearms Officer/Station Commissioner in block letters

5 Place

6 .....  
Signature of Designated Firearms Officer/Station Commissioner

7        -   
Persal number of Designated Firearms Officer/Station Commissioner