

## SOUTH AFRICAN POLICE SERVICE

## APPLICATION FOR A COMPETENCY CERTIFICATE Section 9 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		FICIAL USE BY THE RE THE APPLICATIO		
	<sup>1</sup> Application reference	No		
DATE RECEIVED				
B. FOR OFFICIAL USE BY THE	POLICE STATION WHER	E THE APPLICATION	N IS RECEIVED	
Province				
Area				
Police station				
Component code				
Firearm applications register reference No	SAPS 86 NO		YEAR	
c. FOR OFFICIAL US	E BY THE CENTRAL FIR	EARMS REGISTER (	CFR)	
<sup>1</sup> Outstanding/Additional information required		,	,	
	ersal number	1 - 1 1	- 3 Date	
		_		
<sup>4</sup> Signature of police official		<sup>5</sup> Name ir	n block letters	
<sup>6</sup> Application for competency certificate approve	d (Indicate with an X)			
	ersal number	<u> </u>	- <sup>8</sup> Date	
<sup>9</sup> Signature of CFR officer	<sup>10</sup> Officer code		n block letters	
<sup>12</sup> Application for competency certificate refused	(Indicate with an X)	13 Reason(s) for re	fusal	
- 14 F	Persal number	-	- <sup>15</sup> Date	
16 Signature of CFR officer	17 Officer code	18 Name ::	n block letters	
Signature of CFR officer	Onicer code	ivaine ir	I DIOCK IELLEIS	

	D.			-	TYPE	OF (	СОМІ	PETI	ENC	/ CEI	RTIF	ICAT	E (Ind	licate v	vith an	1 X)							
1	А	To	trada i	in firearm	c																		
2	В			facture fire																			
3	С			ct busine			smith																
4	D			ss a firea				X)															
	Handgun		Rifl					tgun			Se	If load	ding R	ifle		]							
																	_	_	_	_	_		_
	E.						PAR	RTIC	ULAI	RS O	F AP	PLIC	CANT										
1	TYPE OF CITIZE	ENSHI	<b>P</b> (Indica	ate with an	X)																		
1.1	SA citizen		Non	-SA citize	en with	h pern	nanen	t resi	dence	<b>•</b> *													
2	Identity number	of appl	icant											-					-			-	
3	Surname																4	Initial	S				
5	Full names												ı										
6	Age			7	Gend	er	Ма	ale		Fer	nale		(Indi	cate wi	th an I	X)							
8	Date of birth		Ш		-			-															
9	Residential addre	ess																			1		1
																10	Post	al Co	de				
11	Postal address																				1		
																12	Post	al Co	de				
13	Description of type	pe of re	esidenc	e (eg sha	ack, fla	at, car	avan,	cotta	ige, h	ouse,	hoste	or h	omele	ess)									
14										4-													
16	Trade or profess					1	1	Т	1	15	If se	lf-em	ploye	d, spe	cify	ı			ı	1			T
17	Name of employ		npany																				
	Business addres	SS															1Ω			ı			T
19	Table			19.1 Hor		,					19	·² Wo		, ,			Pos	stal Co	ode				
19.3	Telephone numb			Hor	me	(	)				_	Fax		(	)								
21	Cellphone numb	er										Fax		(	)								
	E-mail address																						
22	Marital status (II	ndicate	with an 2	۲)																			
22.1	Single			Marr	ried				Dive	orced				٧	Vidov	V				Wide	ower		
	Other (specify)																						
23	PARTICULARS	OF SP	OUSE	PARTNE	<b>R</b> (If a	pplicab	ole)																
23.1	Type of identific	cation	(Indicate	with an X)	)			]															
3.1.1	SA ID		Pas	sport																			
3.2	Identity number of	of spou	use/part	tner										-					-			-	
3.3	Passnort numbe	r of en	ouse/pa	ertner					1														

Passport number of spouse/partner

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

## 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.)

F.

Have you successfu	ully comple	eted the prescri	oed tes	t on the knowled	ge of this Act? (Ind	icate with an X)		
YES		NO						
Have you successfu	ully compl	eted the prescri	oed trai	ining and practica	I test for dealers,	manufacturers or g	unsmiths?	(Indicate with an X)
YES		NO						
In the case of deale	rs, manuf	acturers or guns	miths,	submit details of	relevant qualificat	ions/experience		
G.	ΔΡΡ	I ICATION FO	RAC	OMPETENCY	CERTIFICATE :	TO POSSESS A	FIRFAR	Λ
<b>.</b>	Α				RIVATE PERSON		111127414	
		. ( . 4 ()		1 11-1- A - 10				
Have you successfu	Jily comple		bed tes	t on this Act? (Ind	icate with an X)			
YES		NO						0
Have you successfu (Indicate with an X)	ally comple	eted the prescri	oed trai	ining and practica	I tests on the safe	and efficient hand	ling of a fir	earm?
YES		NO						
For which firearm(s)	) did you r	eceive the pres	cribed t	raining? (Indicate v	vith an X)			
Pistol			Revolv	rer er	R	ifle		Shotgun
Other (specify	y)			_				
Н.				OTHER IN	FORMATION			
DO YOU HAVE A T	RAINING	CERTIFICATE	ISSUE	D BY AN ACCRE	DITED TRAINING	G INSTITUTION? (I	ndicate with	an X)
YES		NO						
Name of accredited	training ir	nstitution						
Serial number on tra	aining cer	tificate issued						
Date issued								
HAVE YOU EVER I	BEEN CO	NVICTED OF A	N OFF	ENCE COMMITT	ED INSIDE OR C	UTSIDE THE BOR	RDERS OF	THE RSA?
				If yes, submit th	ne following details	<u> </u>		
YES		NO						
YES		NO			5.2 CA	AS/Case number		
<u> </u>		NO			5.2 CA	AS/Case number		
YES Police station (1)		NO			5.2 CA	AS/Case number		
YES Police station (1) Charge		NO						
YES  Police station (1)  Charge  Outcome		NO				AS/Case number		

6	ARE THERE ANY CA	ASES	PENDING AGAINS	т үо	U? (Indicate with an X)		
	YES		NO		If yes, submit the followi	ng details	
6.1	Police station (1)					6.2 CAS/Case number	
6.3	Offence						
6.4	Police station (2)					6.5 CAS/Case number	
6.6	Offence						
7							
		R FII		EN L	OST/STOLEN? (Indicate w		
7.1	YES (1)		NO		If yes, submit the followi		
7.3	Police station (1)					7.2 CAS/Case number	
7.7	Circumstances						
7.5	Details of firearm  Police station (2)					7.6 CAS/Case number	
7.7	Circumstances					CAS/Case number	
7.8	Details of firearm						
	Details of lifeariff						
8	WAS A CASE OF NE	EGLI	GENCE OPENED AN	ID IN	VESTIGATED REGARDII	NG THE STOLEN/LOST FIR	REARM? (Indicate with an X)
	YES		NO		If yes, submit the following	ng details	
8.1	Police station (1)					8.2 CAS/Case number	
8.3	Charge					8.4 Outcome	
8.5	Police station (2)					8.6 CAS/Case number	
8.7	Charge					8.8 Outcome	
9	HAVE YOU EVED BI	EEN	DECLAPED LINEIT	TO P	OSSESS A FIREARM? (In	idicate with an V)	
	YES		NO NO		If yes, submit the following	•	
9.1	Police station <sup>(1)</sup>		7.0		, . ,	9.2 CAS/Case number	
9.3	Charge						
9.4	Date from					9.5 Period	
9.6	Police station (2)					9.7 CAS/Case number	
9.8	Charge						
9.9	Date from					9.10 Period	
10							
		YOU		EN C	CONFISCATED? (Indicate v	<u> </u>	
10.1	YES		NO		If yes, submit the following	Ť	
10.3	Police station (1)					10.2 CAS/Case number	
10.5	Circumstances					10.4 Outcome	
10.7	Police station (2)					10.6 CAS/Case number	
	Circumstances					<sup>10.8</sup> Outcome	
11						ON ORDER, OR VISITED E	
	YES		NO		If yes, submit details		

										<b>37 ti</b>	0 0
12	IN THE PAST FIVE (Indicate with an X)	YEARS H	IAVE YOU BEEN	I DEN	IIED A LIC	ENCE, PERMIT OR	AUTH	IORIZATION REGARD	ING A	A FIREARM?	
	YES		NO		If yes, sub	bmit details					
13						IPT SUICIDE, SUFFE		FROM MAJOR DEPR (Indicate with an X)	RESSI	ION OR EMOTIONA	AL
	YES		NO		If yes, sub	bmit details					
14								CAL PRACTITIONER I			
	YES		NO		If yes, sub	bmit details					
15						RCE OR SEPARATIO		OM AN INTIMATE PA	RTNE	R WITH WHOM YO	U
	YES		NO		If yes, sub	bmit details					
16	IN THE PAST TWO	YEARS I	HAVE YOU EXPE	RIEN	ICED ANY	FORCED JOB LOSS	<b>3?</b> (In	dicate with an X)			
	YES		NO		If yes, sub	bmit details					
17	IF YOU ARE UNDE CERTIFICATE MUS			s, co	MPELLING	REASONS WHICH	REQ	UIRE YOU TO OBTAII	N A C	OMPETENCY	
17.1	*Compolling #g	5.// !! :	V)								
	*Compelling reason	S (indicate	with an X)				1		T		T
	Conduct a busines	ss	Gainfully em	ploye	ed	Dedicated hunter		Dedicated sports- person	1	Private collector	
	Public collector		Other								-
17.2	Submit full details										

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.

	I. SIGNATURE OF	APPLICAI	NT (	Sign only if a	pplical	ble)							
	Note:												
	The requirements of the photo:												
	<ul> <li>The photograph must be in colour and may not exceed to the photo must be the size of a standard passport photograph to the photo must be a full front view of the head and should applicant.</li> <li>The background of the photo must be plain.</li> <li>The applicant may not be wearing a hat or sunglasses of photograph.</li> <li>The applicant's name and identification number must be on the back of the photograph before it is affixed on the form.</li> <li>The applicant must sign in black ink.</li> <li>The signature may not exceed the border.</li> <li>The whole finger must be pressed down on the sheet.</li> </ul>	ograph.  ulders of the  n the written application				PHO	то			1			
	- The fingerprint should not be rolled and must be a flat in	npression.											
	2									3	<sup>4</sup> Find des	gerpri signa	int tion
										J			
Г	Signature		•		1	<u> </u>	ı	I	I	1			
N	lame of applicant in block letters		6	Date				-			-		<u> </u>
			7	Disease									
				Place									
	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPL	ICATION											
			8.2						-		1		
N	ame of police official in block letters			Persal r	numb	er of polic	ce offic	cial	<u> </u>		_		
Γ			8.4										
R	lank of police official in block letters			Signati	ure of	police of	ficial						
Γ	PARTICULARS OF WITNESS												
L	PARTICULARS OF WITNESS							•			_		
L	lame of witness in block letters		9.2	Doroal	numh	or of with	2000		-				
	name of witness in block fetters			Persai	numb	er of witn	iess						
F	tank of witness in block letters		9.4	Signati	ure of	witness							
	Submit proof of that indicated in par 11.1.			Oignate		With 1000							
	J. PARTICUL (This section must be completed only if the applicant					understa	nd the	conte	ent of	this t	form.)		
Г													
Н	Name and surname of interpreter	<del>                                     </del>					_						
Н	Identity/Passport number of interpreter				1								
	Residential address						4 5	4-1-0	al c	Г	Γ	l	1
H	Postal address						Pos	tal Co	ae	_	<u> </u>	<u> </u>	
F	Postal address						6 -			Н			
1							Pos	tal Co	de			1	1

															SAP	S 517
7	Telephone number	7.1 Home	( )				7.2 Work	<	( )							Ī
8	Cellphone number						<sup>9</sup> Fax		( )							
10	E-mail address															
11	Interpreted from (language)						to									
						12	Dete									
							Date				-			_		
13						14	Place									
	Signature of interpreter		<b></b>				1 lacc									
15			7			16						I _				
	Rank of police official in block le	tters (if applicat	ble)				Persal	numl	per of po	lice off	icial (i	f appli	icable)	)		
	К.	P	ARENT	AL CON	ISENT	IN CA	SE OF A I	MINC	)R							
1																
	Reco	ommended							Not red	comme	nded					
2	Name and surname of parent/	guardian														
3	Identity/Passport number of pa	arent/guardian														
4	Comments of parent/guardian															
						5	Date				l -			_		
6						_		I			1	1				
6						7	Place									

Signature of parent/guardian

## .. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS THE INTERVIEWS (INTERVIEW REPORT)

	INTER	VIEW	<b>1</b> (Wi	th a p	ers	on oth	ner tha	an the a	applic	ant's	spou	se or	partne	er)													
	SA ID				Р	asspo	ort			(Indi	cate w	ith an	X)														
	Identity	numl	ber of	interv	/iew	ee											-						-			-	
	Passpo	rt nur	mber c	of inte	rvie	wee																					
	Surnam	пе																			5 Ir	nitials					
	Full nar	mes								_																	
	Age						8	Gende	er	Ма	ale		Fei	male		(Inc	dicate	with a	an X)	)							
	Address	s																									
																				<sup>10</sup> P	ostal	Cod	е				
	Telepho	one n	umber	. 11	<sup>1.1</sup> <sub>+</sub>	Home	(	)						11	.2 W	ork	(		)								
	Cellpho	ne nu	umber											12	Fa	ıx	(		)								
	The inte	erviev	vee's r	elatio	n to	the a	applica	ant? (e	g neig	ghbou	r, em	ploye	r, par	ents)													
	Comme	ents c	of the i	ntervi	ewe	ее																					
	Date					-			_			16	Tim	e													
	Comme	ents o	of the r	olice	offi	cial w	ho co	nducte	d the	interv	riew																
					•							J															
	In what	manı	ner wa	s the	inte	erview	/ cond	lucted?	(eg i	n pers	son, k	1		e)													
	Date					-			-			20	Tim	е													
									1					22									l _		1		
	Name of	police	e offici	al in b	bloc	k lette	ers									Pers	al nu	mbe	r of	polic	e offi	cial			j		
I									1					24													
	Rank of p	oolice	officia	ıl in b	lock	c lette	rs									Signa	ature	of po	olice	offic	ial				,		
	INTER	VIEW	2 (W	ith a p	pers	son ot	her th	an the	appli	cant's	spou	ise or	partn	ner)													
1	SA ID				Р	asspo	ort			(Indi	cate w	ith an	X)														
	Identity	numl	ber of	interv	/iew	ree											-						-			-	
	Passpo																	T	$\dagger$								T
	Surnam										<u> </u>		<u> </u>								29 <sub>I</sub>	nitials					
	Full nar																					muali		<u> </u>	<u> </u>		_
		1168			1	1	32	Gend	or	N.A.	alc		E <sub>0</sub>	male	Н	/1	dicate	with .	an V								
	Age			$\vdash$				Gend	CI	IVI	ale	_	rei	maie	_	(Inc	aicate	vvilil 8	ан Х)	'							
	Addres	S																		3	4 -						
				21	F 1									25.0							Pos	tal C	ode		<u> </u>		
	Telepho	one n	umber	. 3	٠. ' F	Home	(	· )	)					35.2	Wor	k	(		)								

35.3	Cellphone nun	nber										36	Fax		(	)							
37	The interviewe	ee's re	lation	to the	appli	icant? (e	eg nei	ghbou	r, emp	oloyei	r, pare	ents)											
38	Comments of	the in	tervie	wee																			
								J													 		
									••••••												 		
39	Date				-		-			40	Time	,											
41	Comments of	police	offici	al afte	r the i	nterviev	N																
									••••••												 		
42	In what manne	er was	the i	ntervie	w cor	nducted	? (eg i	n pers	son, by	y tele	phone	e)											
43	Date				-		-			44	Time	•											
45							7					46			1								
	Name of police	officia	l in bl	ock let	ters									Persal	num	ber of	polic	e offi	cial	-			
47							_					48											
	Rank of police o	official	in blo	ck lett	ers									Signat	ure o	f police	e offi	cial					
49											1			J		•							
	INTERVIEW V	WITH .	APPL	ICAN	r's si	POUSE	/PAR1	NER	(If appl	licable	e)												
49.1	SA ID			Pass	port			(Indi	cate wi	th an i	X)												
50	Identity number	er of s	pouse	e/partn	er										-					-		-	
51	Passport numl	ber of	spou	se/par	tner																		
52	Surname								-			-	-	•		•		53	Initial	S			
54	Full names																						
55	Age				,	Gend	der	Ma	ale		Fer	nale		(Indi	cate w	ith an X	()						
57	Address																						
																	58	Post	al Co	de			
59	Telephone nur	mber			59.1	Home	(	)					59.2	Vork		(	)						
59.3	Cellphone nun	nber											<sup>60</sup> F	ax		(	)						
61	Comments of	spous	se/par	tner	ļ																 		
					-	1																	
62	Date				-		-			63	Time	9											
64	Comments of	the no	olice o	official	who o	conduct	ed the	inter	riew.														
	Comments of	то рс	JIIOG C	moiai	.,,10 (	.onducti	ou trie	tGI V	.044	J											 		

65	In what manner was the interview conducted? (eg in person, by telephone)
66	Date
67	68
	Name of police official in block letters  Persal number of police official
69	70
	Rank of police official in block letters  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
	Does the applicant have a chillinal history: If yes, submit details

	Describe the applica of the safe handling	nt's knowl of a firearr	edge of the Firearms Co m	ontrol Act,	2000 (Act No 60 o	f 2000	), and Regulations	, as well	as his o	r her knowle	edge
Ī											
ľ											
L											
	IF THE APPLICANT APPLICANT TO OB	IS UNDE TAIN A C	R THE AGE OF 21 YEA OMPETENCY CERTIFI	ARS, CON ICATE.	FIRM IF COMPEL	LING I	REASONS EXIST	wнісн	REQUIF	RE THE	
	Compelling reasons	(Indicate wi	th an X)								
ı	Conduct a busines	S	Gainfully employed		Dedicated hunter		Dedicated sport person	s-	Priva	ate collector	
	Other							Ī			
	Confirmation of com	pelling rea	sons								
I.											
ĺ											
Ī											
L	М.	REC	OMMENDATION (To	be complete	ed by the Designated	Firearm	s Officer/Station Com	missioner	.)		
			RECOMME	ENDATION	REGARDING TH	E APP	LICATION				
ļ		Reco	mmended				Not recomm	mended			
	Motivation										
l.											
ı,											
ĺ											
Г					3 _				I I		
	Jame of Designated F	iroarms C	Officer/Station Commissi	ioner in blo	Da	ate		-		-	
1'	vaine or Designated F	"caills C		IOTICI III DIC	5		_				
					5		I				
إ	Donle of Decision 1 1 7		Win and Other Live Co.		PI	ace	<u> </u>				
F	Rank of Designated Fi	rearms Of	fficer/Station Commission	oner in blo	ck letters	ace					
			fficer/Station Commission		ck letters		number of Design		-		