



SOUTH AFRICAN POLICE SERVICE

This form must be completed only when firearm license is still valid, if you have more than 1 firearm each firearm license must have one of these completed documents.

ANNEXURE TO RENEWAL OF FIREARM LICENCE IN TERMS OF SECTION 24 OF THE FIREARMS CONTROL ACT, 2000 (ACT NO. 60 OF 2000)

Section 24 (3) of the Firearms Control Act, 2000 (Act No. 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED	
1. Province	
2. Police station	
3. Component code	
4. SAPS 86 reference number	

A. PARTICULARS OF THE HOLDER OF THE FIREARM LICENCE

NATURAL PERSON'S DETAILS	Tick with X	Leave space open between -
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1. SA ID	Passport	
2. Identity number of natural person		
3. Passport number of natural person		
4. Surname	5. Initials	
6. Current residential address	7. Postal code	
8. Postal address	9. Postal code	
10. Telephone number	10.1 Home ()	10.2 Work ()
10.3 Cellphone number	10.4 Fax ()	
E-mail address		

B. DESCRIPTION OF FIREARM

TYPE OF FIREARM		Choose type of firearm indicate with X	
1. Rifle	Shotgun	Handgun	Combination
Other; specify (armament, indeterminate design type)			

DETAILS OF FIREARM (Indicate with an x)

Choose Action indicate with X

1.1	Action	Semi-automatic	<input type="checkbox"/>	Automatic	<input type="checkbox"/>	Manual	<input type="checkbox"/>
		Other action (specify)					

1.2 Name and addresses engraved in the metal:

1.3	Calibre	Sample 9mm/ 45./ 38SP/ 303 type of calibre	Calibre code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Make	Name of type of firearm Sample Star / CZ / Remington					
1.6	Model	Name of type of firearm Sample Star / CZ / Remington					
1.7	Barrel serial number	Barrel, Frame & Receiver are normally the same number but could differ; will be indicated on your license	1.8	Make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Frame serial number		1.10	Make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Receiver serial number		1.12	Make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. TYPE OF APPLICATION FOR THE RENEWAL OF A LICENCE, PERMIT, OR AUTHORISATION (indicate with an x)

1.	Licences	<input type="checkbox"/>	3.	Permits	<input type="checkbox"/>
1.1	Licence to possess a firearm for self-defence	<input type="checkbox"/>	3.1	Permit to possess ammunition in a private collection	<input type="checkbox"/>
1.2	Licence to possess a restricted firearm for self-defence	<input type="checkbox"/>	3.2	Permit to possess ammunition in a public collection	<input type="checkbox"/>
1.3	Licence to possess a firearm for occasional hunting and sport-shooting	<input type="checkbox"/>	3.3	Import permit	<input type="checkbox"/>
1.4	Licence to possess a firearm for dedicated hunting and dedicated sport-shooting	<input type="checkbox"/>	3.4	Export permit	<input type="checkbox"/>
1.5	Licence to possess a firearm in a private collection	<input type="checkbox"/>	3.5	Transporters permit	<input type="checkbox"/>
1.6	Licence to possess a firearm in a public collection	<input type="checkbox"/>	3.6	In-transit permit	<input type="checkbox"/>
1.7	Licence to possess a firearm for business purposes / Business in hunting	<input type="checkbox"/>	3.7	Multiple import and or export permit	<input type="checkbox"/>
1.8	Licence to possess a firearm for business purposes / other business purposes	<input type="checkbox"/>	3.8	Temporary import or export permit	<input type="checkbox"/>
2.	Licence issued to particular categories of persons	<input type="checkbox"/>			
2.1	Licence to deal in firearms and ammunition	<input type="checkbox"/>			
2.2	Licence to manufacture firearms and ammunition	<input type="checkbox"/>			
2.3	Licence to conduct business as a gunsmith	<input type="checkbox"/>			

Indicate with X for Section 13 (Self-defence)

Indicate with X for Section 15 (Occasional sport shooting)

YES You must have a SAPS competency certificate

D. I BELIEVE	THE FOLLOWING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY ABILITY AND				Yes	No			
1.	I am in possession of a legal and valid competency certificate to possess a firearm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	If yes, state type of competency certificate	Handgun	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>	Hand Machine Carbine	<input type="checkbox"/>
	If no, state reasons:					Yes	No		
2.	I have not been convicted of any offence in terms of the Firearms Control Act, 2000 (Act No. 60 of 2000) and sentenced to a period of imprisonment without the option of a fine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3.	I have not been declared unfit to possess a firearm in terms of the Firearms Control Act, 2000 (Act No. 60 of 2000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.	I have a safe that is properly mounted to a fixed structure and which complies with the requirements of SABS standard 953-1 and / or 953-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Choose type of firearm competency

Answer carefully Question 2-4

4.1 **Provide detailed description of safe storage facility**

Need two photo's of Safe one with showing two raw-bolts and one showing Wall or Floor to which the safe is fasten

5 I will carry the firearm as prescribed in Section 98(5)(a) of the Firearms Control Act, 2000 (Act No. 60 of 2000) and regulation 78 of the Firearms Control Regulations 2004.

Indicate YES

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

6 **MOTIVATION THAT I DID CONTINUE TO COMPLY WITH THE PURPOSE FOR WHICH THE FIREARM HAS BEEN ORIGINALLY LICENCED**
(Applicant to provide supporting documents to substantiate his/her motivation)

Motivation will be the same as the original motivation as the status of the use of firearm has not changed. You do not need to submit a motivation just, complete (Same as previous for Section 13/15 use of firearm has not changed)

(attach additional motivation if space is not adequate)

7 **DECLARATION BY APPLICANT**

I know and understand the contents of this sworn declaration / solmn statement
 I have no objection to taking the prescribed oath / solmn affirmation.
 I consider the prescribed oath/ affirmation to be binding on my conscience

7.1

Name of applicant in block letters

7.2 Date

7.3

Signature of applicant

7.4 Place

Signature must be done in front of the SAPS DFO

E. (This section must be completed by the applicant)

1.

2. Fingerprint designator

3. Date

4.

Name of applicant in block letters

5. Place

6. **CERTIFICATE OF POLICE OFFICIAL DEALING WITH DECLARATION**

I CERTIFY THAT THE APPLICANT HAS ACKNOWLEDGED THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN / AFFIRMED TO BEFORE ME. THE APPLICANT HAS PLACED HIS SIGNATURE / THUMBPRINT ON THIS DECLARATION IN MY PRESENCE.

7. Date

8. Time

9. Place

10.

Name of Designated Firearms Officer / Station Commander

11.

Rank of Designated Firearms Officer / Station Commander

12.

Persal number of Designated Firearms Officer / Station Commander

13.

Rank of Designated Firearms Officer / Station Commander

F. **FOR OFFICIAL USE BY THE DECIDING OFFICER**

1. Outstanding / Additional information required

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							-		2. Persal number	C	C	Y	Y	-	M	M	-	D	D	3. Date
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4. Signature of deciding officer

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5. Name in block letters

6. Application for licence approved (indicate with an x)

							-		7. Persal number	C	C	Y	Y	-	M	M	-	D	D	8. Date
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9. Signature of deciding officer

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10. Officer code

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11. Name in block letters

12. Application for licence refused (indicate with an X) <input type="checkbox"/>	13. Reason(s) for refusal.
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							-		14. Persal number	C	C	Y	Y	-	M	M	-	D	D	15. Date
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16. Signature of deciding officer

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17. Officer code

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18. Name in block letters