



This document must be completed if your Competency or Firearm License had Expired

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR THE RENEWAL OF A COMPETENCY CERTIFICATE

Section 10A 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	Police station		
3	Component code		
4	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
.....		[Signature Box]	
		⁴ Signature of police official	
		[Name Box]	
		⁵ Name in block letters	
⁶ Application for competency approved (Indicate with an X)			
.....			
		⁷ Persal number	
		-	-
			⁸ Date
.....		[Signature Box]	
		⁹ Signature of deciding Officer	
.....		[Code Box]	
		¹⁰ Officer code	
.....		[Name Box]	
		¹¹ Name in block letters	
¹² Application for competency refused (Indicate with an X)		¹³ Reason(s) for refusal	
.....			
.....			
		¹⁴ Persal number	
		-	-
			¹⁵ Date
.....		[Signature Box]	
		¹⁶ Signature of deciding officer	
.....		[Code Box]	
		¹⁷ Officer code	
.....		[Name Box]	
		¹⁸ Name in block letters	

D. COMPETENCY CERTIFICATE RENEWAL TYPE (Indicate with an X)

1	CERTIFICATES	
1.1	Competency Certificate to Possess a Firearm	<input type="checkbox"/>
1.2	Competency Certificate to Trade in Firearms	<input type="checkbox"/>
1.3	Competency Certificate to Manufacture Firearms	<input type="checkbox"/>
1.4	Competency Certificate to Conduct Business as a Gunsmith	<input type="checkbox"/>
1.5	Competency Certificate to Possess a firearm as a private collector for a specific category	<input type="checkbox"/>
1.6	Competency Certificate to Possess a muzzle loading firearm	<input type="checkbox"/>

Indicate with X for private clients

Details of original Competency Certificate

Types of firearm/s indicated on current Competency Certificate	Mark applicable type with an X	Indicate category of collector if applicable (A,B,C)	Competency Certificate Number	Date issued	Expiry date
Handgun	<input type="checkbox"/>	Choose which SAPS competency you have and indicate with X	This is the C number on the back of your Card or SAPS Competency	This dates are printed on the front of you competency card or on the SAPS certificate	
Handgun and rifle	<input type="checkbox"/>				
Rifle	<input type="checkbox"/>				
Shotgun	<input type="checkbox"/>				
Shotgun and Handgun	<input type="checkbox"/>				
Rifle and Shotgun	<input type="checkbox"/>				
Handgun and Rifle and Shotgun	<input type="checkbox"/>				
Hand Machine Carbine	<input type="checkbox"/>				
Handgun and Hand Machine Carbine	<input type="checkbox"/>				
Handgun and Rifle and Hand Machine Carbine	<input type="checkbox"/>				
Handgun and Rifle and shotgun and Hand Machine Carbine	<input type="checkbox"/>				
Rifle and hand Machine Carbine	<input type="checkbox"/>				
Rifle, shotgun and Hand Machine Carbine	<input type="checkbox"/>				
Shotgun and Hand Machine Carbine	<input type="checkbox"/>				

E. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

Indicate with X

Leave spaces open as per your ID book

Type of identification (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identity number of natural person					
4	Passport number of natural person					
5	Surname	<input type="checkbox"/>	6 Initials			<input type="checkbox"/>
7	Full names	<input type="checkbox"/>	Full name(s)			complete Initials
8	Formal Street Address (residential)	<input type="checkbox"/>	complete address where you stay			
10	Postal address	<input type="checkbox"/>	This could be the same as you residential address or postal address.			9 Postal Code
						11 Postal Code

12	Telephone number	12.1 Home ()	12.2 Work ()
12.3	Cellphone number		12.4 Fax ()
13	E-mail address	complete all contact details	

14 **OTHER INFORMATION** (Indicate with an X)

15 **WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING COMPETENCY CERTIFICATE ?** (Indicate with an X)

YES	NO	If no, provide reason(s)
Indicate with X if in time		Indicate with X if not in time you will need to give a reason why it is late

16 **WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF THE EXISTING COMPETENCY CERTIFICATE ?** (Indicate with an X)

YES	NO	If yes, provide reason(s)
Indicate with X if not in time you will need to give a reason for late application		Indicate with X if in time

16 **DECLARATION BY APPLICANT**

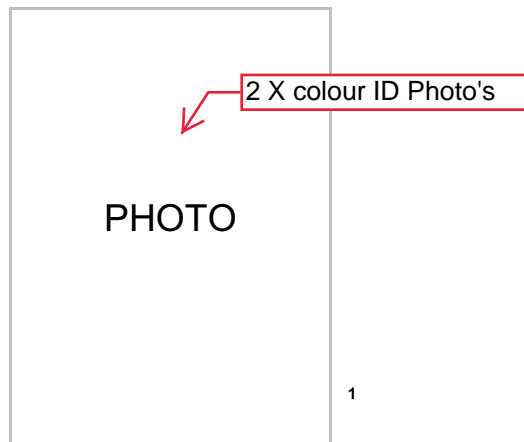
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F. SIGNATURE OF APPLICANT (Sign only if applicable)

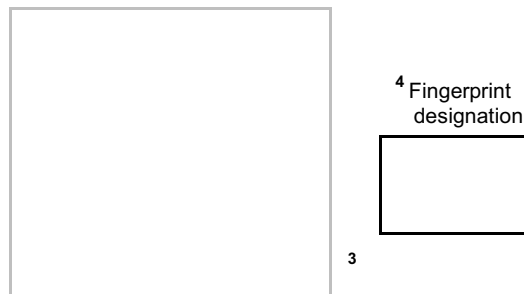
Note:

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.



To sign in front of SAPS DFO



5

Name of applicant in block letters

Full name(s) and Surname

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

G. 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)

H. IN CASE OF NOMINEE / AUTHORIZED PERSON

1	Name and surname of nominee / authorized person													
2	Identity/Passport number of nominee / authorized person													

3 Date

4

Signature of nominee / authorized person

5 Place

I. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER / STATION COMMANDER

RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)			
Recommended		Not recommended	
Motivation regarding the application			

3		4	Date					-			-		
Name of Designated Firearms Officer/Station Commander in block letters													
5		6	Place										
Rank of Designated Firearms Officer/Station Commander in block letters													
7		8						-					
Signature of Designated Firearms Officer/Station Commander		Persal number of Designated Firearms Officer/ Station Commander											

ACCOMPANYING DECLARATION BY APPLICANT PRESCRIBED IN TERMS OF SECTION 10A(3) OF THE FIREARMS CONTROL ACT, 2000 (ACT NO 60 OF 2000)

I hereby declare that I am the Applicant for the renewal of a competency certificate with the particulars set out in part E above. I hereby declare that I have taken note that section 9 (2) of the Firearms Control Act, 2000 (Act No 60 of 2000), provides that a competency certificate may only be issued to a person if he or she-

- (a) is 21 years or older on the day the application is received by the Designated Firearms Officer;
- (b) is a South African citizen or a holder of a permanent South African residence permit;
- (c) is a fit and proper person to possess a firearm, to trade in firearms, to manufacture firearms or to conduct business as a gunsmith, as the case may be;
- (d) is of stable mental condition and is not inclined to violence;
- (e) is not dependent on any substance which has an intoxicating or narcotic effect;
- (f) has not been convicted of any offence under or in terms of this Act or the previous Act and sentenced to a period of imprisonment without the option of a fine;
- (g) has not been convicted, whether in or outside South Africa, of an offence involving the unlawful use or handling of a firearm by him or her or another participant to the offence, whether committed in or outside South Africa;
- (h) has not been convicted, whether in or outside South Africa, of an offence involving -
 - (i) violence or sexual abuse, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine; or
 - (ii) physical or sexual abuse which occurred within a domestic relationship as defined in section 1 of the Domestic

Violence Act, 1998 (Act 116 of 1998), whether committed in or outside South Africa;

- (i) has not been convicted of fraud in relation to, or supplying false information for the purposes of, obtaining a competency certificate, licence, permit or authorization in terms of this Act or the previous Act;
- (j) has not been convicted, whether in or outside South Africa, of an offence involving the abuse of alcohol or drugs, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine;
- (k) has not been convicted, whether in or outside South Africa, of an offence involving dealing in drugs, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine;
- (l) has not been convicted of an offence in terms of the Domestic Violence Act, 1998 (Act 116 of 1998), and sentenced to a period of imprisonment without the option of a fine;
- (m) has not been convicted of an offence involving the negligent handling of a firearm;
- (n) has not been convicted of an offence in terms of the Explosives Act, 1956 (Act 26 of 1956), and sentenced to a period of imprisonment without the option of a fine;
- (o) has not been convicted, whether in or outside South Africa, of an offence involving sabotage, terrorism, public violence, arson, intimidation, rape, kidnaping or child stealing, whether committed in or outside South Africa;
- (p) has not become or been declared unfit to possess a firearm in terms of this Act or the previous Act;
- (q) has successfully completed the prescribed test on knowledge of this Act;
- (r) has successfully completed the prescribed training and practical tests regarding the safe and efficient handling of a firearm;
and
- (s) has, where applicable, successfully completed the prescribed training and practical tests for firearms dealers, manufacturers, gunsmiths, security officers or other persons who use firearms in the course of their business.

I hereby declare that I still conform with all the requirements of the said section 9(2).

NAME AND SURNAME IN BLOCK LETTERS

SIGNATURE OF DEPONENT

Date:
Place:

CERTIFICATE BY COMMISSIONER OF OATHS

I certify that the deponent has acknowledged that he/she knows and understands the content of this statement. The deponent has/has no objection in taking the prescribed oath. The statement was sworn to/affirmed before me and the deponent's signature/mark/fingerprint was placed thereupon in my presence at (place) on (date) at (time).

SIGNATURE OF COMMISSIONER OF OATHS

FULL NAMES:
CAPACITY:
ADDRESS: