



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
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED										
¹ Application reference No										

B. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED			
1	Province		
2	Area		
3	Police station		
4	Component code		
5	Firearm applications register reference No	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 competency certificate approved (Indicate with an X) <input type="checkbox"/>										
- ⁷ Persal number							-		- ⁸ Date	
..... ⁹ Signature of CFR officer						[] [] [] ¹⁰ Officer code		[] ¹¹ Name in block letters		
¹² Application for competency certificate refused (Indicate with an X) <input type="checkbox"/>										
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 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"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Full names								
6	Age	<input type="checkbox"/>	7 Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	(Indicate with an X)			
8	Date of birth				-	-	-	-	-
9	Residential address								
					10 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Postal address								
					12 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)

Type of identification (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"/>
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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"/>
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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"/>
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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"/>
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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"/>
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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
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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 ⁽¹⁾			6.2 CAS/Case number
6.3	Offence			
6.4	Police station ⁽²⁾			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 ⁽¹⁾			7.2 CAS/Case number
7.3	Circumstances			
7.7	Details of firearm			
7.5	Police station ⁽²⁾			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 ⁽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 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 ⁽¹⁾			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 **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 ⁽¹⁾			10.2 CAS/Case number
10.3	Circumstances			10.4 Outcome
10.5	Police station ⁽²⁾			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
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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
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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
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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
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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
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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**

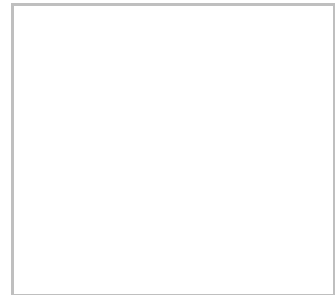
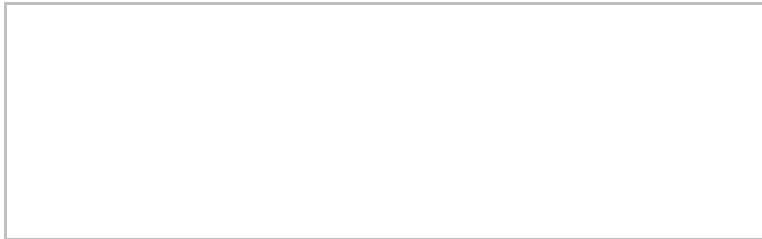
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

I. 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.



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

* Submit proof of that indicated in par 11.1.

J. 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Residential address	<input type="text"/>																		
5	Postal address	<input type="text"/>										⁴ Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
		<input type="text"/>										⁶ Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

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

INTERVIEW 1 (With a person other than the applicant's spouse or partner)

1.1	SA ID		Passport		(Indicate with an X)																											
2	Identity number of interviewee															-						-										
3	Passport number of interviewee																															
4	Surname															⁵ Initials																
6	Full names																															
7	Age					⁸ Gender		Male		Female		(Indicate with an X)																				
9	Address																															
																			¹⁰ Postal Code													
11	Telephone number		^{11.1} Home		()							^{11.2} Work		()																		
11.3	Cellphone number									¹² Fax		()																				
13	The interviewee's relation to the applicant? (eg neighbour, employer, parents)																															
14	Comments of the interviewee																															
.....																																
.....																																
.....																																
15	Date																										¹⁶ Time					
17	Comments of the police official who conducted the interview																															
.....																																
.....																																
.....																																
18	In what manner was the interview conducted? (eg in person, by telephone)																															
19	Date																										²⁰ Time					

21	Name of police official in block letters															22	Persal number of police official							
23	Rank of police official in block letters															24	Signature of police official							

INTERVIEW 2 (With a person other than the applicant's spouse or partner)

25.1	SA ID		Passport		(Indicate with an X)																						
26	Identity number of interviewee																-						-				
27	Passport number of interviewee																										
28	Surname															²⁹ Initials											
30	Full names																										
31	Age					³² Gender		Male		Female		(Indicate with an X)															
33	Address																										
																			³⁴ Postal Code								
35	Telephone number		^{35.1} Home		()							^{35.2} Work		()													

35.3	Cellphone number		36 Fax	()																		
37	The interviewee's relation to the applicant? (eg neighbour, employer, parents)																					
38	Comments of the interviewee																					
39	Date															40 Time						
41	Comments of police official after the interview																					
42	In what manner was the interview conducted? (eg in person, by telephone)																					
43	Date																	44 Time				
45	Name of police official in block letters										46	Persal number of police official										
47	Rank of police official in block letters										48	Signature of police official										
49	INTERVIEW WITH APPLICANT'S SPOUSE/PARTNER (If applicable)																					
49.1	SA ID		Passport		(Indicate with an X)																	
50	Identity number of spouse/partner																					
51	Passport number of spouse/partner																					
52	Surname												53 Initials									
54	Full names																					
55	Age				56 Gender	Male		Female		(Indicate with an X)												
57	Address																					
																	58 Postal Code					
59	Telephone number				59.1 Home													59.2 Work				
59.3	Cellphone number				60 Fax																	
61	Comments of spouse/partner																					
62	Date																	63 Time				
64	Comments of the police official who conducted the interview																					

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

Form area for health and physical fitness description with horizontal dotted lines.

73 Describe the mental condition of the applicant and indicate whether he/she is inclined to act violently

Form area for mental condition description with horizontal dotted lines.

74 General impression of the applicant's character, including his or her temper and emotional and behavioural stability

Form area for general impression of character with horizontal dotted lines.

75 Is the applicant dependant on any substance which has an intoxicating or narcotic effect? If yes, submit details

Form area for substance dependency with horizontal dotted lines.

76 Are there any negative aspects known about the applicant? If yes, submit details

Form area for negative aspects with horizontal dotted lines.

77 Does the applicant have a criminal history? If yes, submit details

Form area for criminal history with horizontal dotted lines.

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

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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

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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"/>
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1.1

Motivation

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2

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Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4

.....

Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place	<input type="text"/>
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6

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

7

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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Persal number of Designated Firearms Officer/Station Commissioner