

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 E THE APPLICATION		
	¹ Application reference l	No		
DATE RECEIVED				
B. FOR OFFICIAL USE BY THE	POLICE STATION WHERE	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	SE BY THE CENTRAL FIRE	ADMS DEGISTED	CED)	
¹ Outstanding/Additional information required	DE BT THE CENTRAL FIRE	EARING REGISTER	OFK)	
Occount and government of quite and an arrangement of quite and arrangement of quite arrangement of quit				
	ersal number	-	- 3 Date	!
	_			7
⁴ Signature of police official		⁵ Name i	n block letters	J
⁶ Application for competency certificate approve	d (Indicate with an X)	Name	I block letters	
	,	_		
- 7 F	ersal number	-	- 8 Date	!
				_
				J
9 Signature of CFR officer	¹⁰ Officer code		in block letters	
¹² Application for competency certificate refused	(Indicate with an X)	13 Reason(s) for re	etusal	
_ 14	Persal number	-	- 15 Dat	e
				_
				J
¹⁶ Signature of CFR officer	17 Officer code	¹⁸ Name i	n block letters	

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	В		manufa				<u> </u>																	
	С	То	conduc	ct bu	sine	ss as	a gun:	smith																
	D	Тог	posses	ss a t	firea	rm (Ind	dicate v	with an	X)															
		На	andgur	n			F	Rifle				S	hotgu	ın										
	E.							PAF	RTIC	CULA	RS O	F AF	PLIC	CANT										
	TYPE OF CITIZEN	SHIP	(Indica	te wit	th an	X)																		
	SA citizen		Non-	-SA	citize	en with	n perm	nanen	t res	sidenc	e*													
	Identity number of	applic	ant												-					-			-	
	Surname																	4	Initials	S				
	Full names									_														
	Age				7	Gend	er	Ma	ale		Fei	nale		(Indi	cate w	ith an 2	X)							
	Date of birth					-			-															
	Residential address	s																						
																	10	Post	al Co	de				
	Postal address																							
																	12	Post	al Co	de				
	Description of type	of res	sidence	e (eg	g sha	ck, fla	at, car	avan,	cott	tage, l	ouse,	hoste	el or h	omele	ess)									
	Trade or profession	1			_				T		15	If se	elf-em	ploye	d, spe	cify	ī		1	1				
	Name of employer/	comp	any																					
	Business address																_	_	_	_		1		
												_						¹⁸ Pos	tal Co	ode				
3	Telephone number			19.1	¹ Hor	me	()				_	.2 Wo		()								
J	Cellphone number											20	Fax		()								
	E-mail address																							
	Marital status (Indi	cate w	ith an X	()																				
.1	Single			ı	Marr	ied				Div	orced				١	Nidov	V				Wide	ower		
	Other (specify)							•					•											-
	PARTICULARS OF	SPC	OUSE/I	PAR	TNE	R (If a	pplicab	le)																
1	Type of identificat	ion (I	ndicate	with	an X))]															
.1	SA ID		Pass	sport	t																			
2	Identity number of	spous	se/parti	ner											-					-			-	
2										1	1							1						t

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.)

Have you successfu	ully complet	ed the prescr	ibed tes	t on the knowled	dge of this A	ct? (Indicate with an X)		
YES		NO						
Have you successfu	ully complet	ed the prescr	ibed trai	ining and practic	cal test for de	alers, manufacturers or g	unsmiths?	(Indicate with an X)
YES		NO				-		
			•					
In the case of deale	ers, manufa	cturers or gur	smiths,	submit details o	of relevant qu	alifications/experience		
	4.55							_
G.	APPL	ICATION FO				ATE TO POSSESS A RSONS ONLY.)	FIREARN	Λ
			`			,		
Have you successfu	ully complet	ed the prescr	ibed tes	t on this Act? (In	dicate with an	X)		
YES		NO						
Have you successful (Indicate with an X)	ully complet	ed the prescr	ibed trai	ining and practic	cal tests on t	ne safe and efficient hand	lling of a fire	earm?
YES		NO						
For which firearm(s) did you re		scribed t	raining? (Indicate	with an X)			
Pistol	, 2.2 ,02 10	The the proc	Revolv			Rifle		Shotgun
Other (specify	v)					0		
2 (00001)								
н.				OTHER II	NFORMAT	ION		
DO VOULUNE A	TD A IN INC. 1	EDTIFICATI	. 160: :=	D DV 411 406	EDITED TO	AINING INGTITUTIONS		10
	RAINING		SISSUE	D BY AN ACCR	REDITED IR	AINING INSTITUTION? (I	Indicate with	an X)
YES		NO						
Name of accredited								
Serial number on tra	aining certif	icate issued						
Date issued								
HAVE YOU EVER	BEEN CON	VICTED OF	AN OFF	ENCE COMMIT	TED INSIDE	OR OUTSIDE THE BOF	RDERS OF	THE RSA?
(Indicate with an X)								
YES		NO		If yes, submit	the following	details		
Police station (1)						5.2 CAS/Case number		
Charge								
Outcome								
Police station (2)						^{5.6} CAS/Case number		
Charge							,	
Outcome								

6	ARE THERE ANY C	ASE	S PENDING AGAINS	T YO	U? (Indicate with an X)				
	YES		NO		If yes, submit the follow	ving details			
6.1	Police station (1)					6.2 CA	S/Case number		
6.3	Offence								
6.4	Police station (2)					6.5 CA	S/Case number		
6.6	Offence								
7									
		IR FII	1	ENL	OST/STOLEN? (Indicate				
7.1	YES Police station (1)		NO		If yes, submit the follow		0/0		
7.3						CA	S/Case number		
7.7	Circumstances								
7.5	Details of firearm Police station (2)					7.6	S/Case number		
7.7						CA	S/Case number		
7.8	Circumstances								
	Details of firearm								
8	WAS A CASE OF N	EGLI	GENCE OPENED A	ND IN	VESTIGATED REGARD	ING THE S	TOLEN/LOST FIF	REARM? (Indicate	e with an X)
	YES		NO		If yes, submit the follow	ing details			
8.1	Police station ⁽¹⁾					8.2 CA	S/Case number		
8.3	Charge					8.4 Out	tcome		
8.5	Police station (2)					8.6 CA	S/Case number		
8.7	Charge					8.8 Ou	tcome		
9	HAVE VOILEVED B	PEEN	DECLARED LINEIT	TO D	OSSESS A FIREARM?	la dia da willa	V)		
	YES	PEEN	NO NO		If yes, submit the follow		an x)		
9.1	Police station ⁽¹⁾		140		ii yes, subiliit tile iollov		S/Case number		
9.3	Charge					<u>OA</u>	O/Oasc Humber		
9.4	Date from					9.5 Pei	riod		
9.6	Police station (2)						S/Case number		
9.8	Charge						,		
9.9	Date from					9.10 Per	riod		
40									
10	HAS A FIREARM IN	YOU	JR POSSESSION BE	EN C	CONFISCATED? (Indicate	with an X)			
40.4	YES		NO		If yes, submit the follow				
10.1	Police station (1)						S/Case number		
10.3	Circumstances					10.4 Ou			
10.5	Police station (2)					10.6 CA	S/Case number		
10.7	Circumstances					^{10.8} Οι	utcome		
11					RVED WITH A PROTECT				
	YES		NO		If yes, submit details				

THE PAST FIVE									SA
icate with an X)	YEAR	S HAVE YOU BEI	EN DE	NIED A LIG	CENCE, PERMIT OR	AUTH	IORIZATION REGAR	DING	A FIREARM?
YES		NO		If yes, su	ubmit details				
								RES	SION OR EMOTION
YES		NO		If yes, su	ubmit details				
YES		NO		If yes, su	ubmit details				
YES	ERE T	NO NO	ITTEN			? (Ind	licate with an X)		
THE PAST TWO	YEAR	S HAVE YOU EX	PERIE	NCED ANY	FORCED JOB LOS	5? (In	dicate with an X)		
YES		NO		If yes, su	ubmit details				
			RS, CO	OMPELLIN	G REASONS WHICH	REQ	UIRE YOU TO OBTA	IN A	COMPETENCY
ompelling reason	S (Indica	ate with an X)							
Conduct a busine	SS	Gainfully e	mploy	red	Dedicated hunter		Dedicated sports- person		Private collector
blic collector		Oth	er						
bmit full details		•			•				
	THE PAST FIVE OBLEMS, OR E YES THE PAST FIVE TOXICATING OR YES THE PAST TWO SIDED AND WH YES THE PAST TWO YES THE PAST TWO YES THE PAST TWO YES	THE PAST FIVE YEAR OBLEMS, OR ENGAGE YES THE PAST FIVE YEAR TOXICATING OR NARCO YES THE PAST TWO YEAR SIDED AND WHERE TO YES THE PAST TWO YEAR YES Compelling reasons (Indicated the conduct a business) blic collector	THE PAST FIVE YEARS DID YOU THRE OBLEMS, OR ENGAGED IN INTOXICAT YES NO THE PAST FIVE YEARS HAVE YOU BEI TOXICATING OR NARCOTIC SUBSTANC YES NO THE PAST TWO YEARS DID YOU EXPE SIDED AND WHERE THERE WERE WR YES NO THE PAST TWO YEARS HAVE YOU EXI YES NO THE PAST TWO YEARS HAVE YOU EXI YES NO YOU ARE UNDER THE AGE OF 21 YEAR ERTIFICATE MUST BE SUBMITTED. Compelling reasons (Indicate with an X) Conduct a business Gainfully expenses the compelling reasons (Indicate with an X) Conduct a business Gainfully expenses the compelling reasons (Indicate with an X) Conduct collector Other	THE PAST FIVE YEARS DID YOU THREATEN OBLEMS, OR ENGAGED IN INTOXICATING OF YES NO THE PAST FIVE YEARS HAVE YOU BEEN DID TOXICATING OR NARCOTIC SUBSTANCE ABYES NO THE PAST TWO YEARS DID YOU EXPERIENCE SIDED AND WHERE THERE WERE WRITTEN YES NO THE PAST TWO YEARS HAVE YOU EXPERIENCE SIDED AND WHERE THERE WERE WRITTEN YES NO THE PAST TWO YEARS HAVE YOU EXPERIENCE YES NO YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE AGE OF 21 YEARS, COURT OF YOU ARE UNDER THE YEARS OF YOU ARE YOU A	THE PAST FIVE YEARS DID YOU THREATEN OR ATTEROBLEMS, OR ENGAGED IN INTOXICATING OR NARCO YES NO If yes, so THE PAST FIVE YEARS HAVE YOU BEEN DIAGNOSED FOXICATING OR NARCOTIC SUBSTANCE ABUSE, BEHAVES NO If yes, so THE PAST TWO YEARS DID YOU EXPERIENCE A DIVOUS SIDED AND WHERE THERE WERE WRITTEN ALLEGATE YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO If yes, so THE PAST TWO YEARS HAVE YOU EXPERIENCED AND YES NO IN YES NO I	THE PAST FIVE YEARS DID YOU THREATEN OR ATTEMPT SUICIDE, SUFFE COBLEMS, OR ENGAGED IN INTOXICATING OR NARCOTIC SUBSTANCE AB YES NO If yes, submit details THE PAST FIVE YEARS HAVE YOU BEEN DIAGNOSED OR TREATED BY ANTOXICATING OR NARCOTIC SUBSTANCE ABUSE, BEHAVIOURIAL PROBLE YES NO If yes, submit details THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION SIDED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE YES NO If yes, submit details THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS YES NO If yes, submit details THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS YES NO If yes, submit details YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH PRITIFICATE MUST BE SUBMITTED. Compelling reasons (Indicate with an X) Conduct a business Gainfully employed Dedicated hunter blic collector Other	THE PAST FIVE YEARS DID YOU THREATEN OR ATTEMPT SUICIDE, SUFFERED COBLEMS, OR ENGAGED IN INTOXICATING OR NARCOTIC SUBSTANCE ABUSE? YES NO If yes, submit details THE PAST FIVE YEARS HAVE YOU BEEN DIAGNOSED OR TREATED BY A MEDITOXICATING OR NARCOTIC SUBSTANCE ABUSE, BEHAVIOURIAL PROBLEMS OF YES NO If yes, submit details THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION FROM SUICED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE? (Inc. YES NO If yes, submit details THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Inc. YES NO If yes, submit details THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Inc. YES NO If yes, submit details THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Inc. YES NO If yes, submit details THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Inc. 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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 APPLIC	ANT	(Sigi	n only if a	applica	ble)								
	Note:														
	The requirements of the photo:														
	 The photograph must be in colour and may not exc The photo must be the size of a standard passport The photo must be a full front view of the head and applicant. The background of the photo must be plain. The applicant may not be wearing a hat or sunglass photograph. The applicant's name and identification number mu on the back of the photograph before it is affixed or form. The applicant must sign in black ink. The signature may not exceed the border. The whole finger must be pressed down on the she 	photograph. shoulders of the ses on the ses on the application the application eet.	ne n				PH	ОТ	ГО			1			
	- The fingerprint should not be rolled and must be a f	riat impression.	•												
:	2											3	⁴ Finge desiç	erprint gnation	
	Signature														
Γ			6	D	ate					-			-		
N	ame of applicant in block letters													•	
			7	Р	lace										
	PARTICULARS OF POLICE OFFICIAL DEALING WITH A	APPLICATION													
Г			8.2								 -]		
N	ame of police official in block letters				Persal	numb	er of p	olice	e offic	cial			1		
R	tank of police official in block letters		8.4		Signat	ure of	police	e offi	cial						
	PARTICULARS OF WITNESS														
Г			9.2								Ι.]		
N	lame of witness in block letters				Persal	numb	er of v	witne	ss		<u> </u>				
	lank of witness in block letters		9.4		Signati	ure of	witnes	 SS							
	J. PARTIC (This section must be completed only if the appli	CULARS OF icant cannot re					under	rstan	d the	conte	ent of	this f	orm.)		
	Name and surname of interpreter														_
	Identity/Passport number of interpreter														_
	Residential address		•	•						•		•			
								4	Pos	tal Co	de				
	Postal address														

⁶ Postal Code

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of police	e offic	L cial (if	fapp	licable	e)		
ot recon	nmen	ided					
			T				
	1						
			of police official (if			of police official (if applicable)	

Signature of parent/guardian

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

SA ID Passport (Institute with an X) Identity number of interviewee Passport number of interviewee Sumame Pull names Age	INTERVIEW 1 (With	n a person oth	er than the	applicant	t's spous	se or p	partne	er)												
Passport number of interviewee Sumame Full names Age	SA ID	Passpo	ort	(lı	ndicate w	ith an	X)													
Sumame Full names Age	Identity number of in	nterviewee									-					-			-	
Age	Passport number of	interviewee																		
Address Telephone number	Surname													5 lı	nitials					
Address 13 13 14 15 15 15 15 15 15 15	Full names		_	_		_														
Telephone number Telephone number Cellphone number Cellphone number The interviewee's relation to the applicant? (eg neighbour, employer, parents) Comments of the interviewee Date Date Comments of the police official who conducted the interview In what manner was the interview conducted? (eg in person, by telephone) Date The interviewee's relation to the applicant? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Date The interviewee conducted? (eg in person, by telephone) Persal number of police official Interviewee conducted? (eg in person, by telephone) Persal number of police official The interviewee conducted? (eg in person, by telephone) Persal number of police official The interviewee conducted? (eg in person, by telephone) Persal number of police official The interviewee conducted? (eg in person, by telephone) Persal number of police official The interviewee conducted? (eg in person, by telephone) Persal number of police official The interviewee conducted? (eg in person, by telephone) Persal number of police official The intervie	Age		8 Gend	er	Male		Fen	nale		(Indi	cate w	ith an	X)							
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The interviewee's relation to the applicant? (eg neighbour, employer, parents) Comments of the interviewee Date	Telephone number	^{11.1} Home	()					11.	² Wo	rk	()								
Date	Cellphone number							12	Fax		()								
Date	The interviewee's re	lation to the a	pplicant? (e	g neighb	our, em	ploye	r, pare	ents)												
Comments of the police official who conducted the interview In what manner was the interview conducted? (eg in person, by telephone) Date 20 Time 22 Persal number of police official Rank of police official in block letters Persal number of police official INTERVIEW 2 (With a person other than the applicant's spouse or partner) SA ID Passport (Indicate with an X) Identity number of interviewee Passport number of interviewee Surmame Full names Age 32 Gender Male Female (Indicate with an X) Address	Comments of the int	terviewee																		
Comments of the police official who conducted the interview In what manner was the interview conducted? (eg in person, by telephone) Date 20 Time 22 Persal number of police official Rank of police official in block letters Persal number of police official INTERVIEW 2 (With a person other than the applicant's spouse or partner) 1 SA ID Passport (Indicate with an X) Identity number of interviewee Sumame Full names Age 32 Gender Male Female (Indicate with an X) Address																				
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35.3	Cellphone	number											36	Fax		()							
37	The intervi	ewee's r	elation	to the	app	olicant	:? (eg	, neig	hbou	r, em	ploye	r, pare	ents)											
38	Comments																							
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39	Date				_			-			40	Time	!											
41	Comments	of police	e offici	al afte	r the	e inter	view																	
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42	In what ma	nner wa	s the i	ntervie	w co	onduc	ted?	(eg ir	n pers	on, b	y tele	phone	e)											
43	Date	Т			-	T		-	İ			Time												
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45	Name of poli	co officia	al in bl	ook lot	tore								46		Porcal	num	ber of p	odica	o offic	nial	-			
	Name or poil	ce onici	ai iii bi	OCK IEI	ileis	'		1					40	ſ	ersar	Hulli	nei oi l	JOIICE	e ome	Jiai				
47	Rank of polic	o officio	l in blo	ok lott	oro								48				f naliae	offic						
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49	INTERVIE	w with	APPL	ICAN	r'S :	SPOU	SE/P	ART	NER	(If app	licable)												
49.1	SA ID			Pass	port				(India	cate w	ith an	X)												
50	Identity nur	mber of :	spouse													_					_		_	
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55	Age		П			⁵⁶ G	ende	r	Ma	ale		Fer	nale		(Indi	cate w	ith an X)						
57	Address				•																			
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59.3	Cellphone	number												⁶⁰ F	ax		()						
61	Comments	of spou	se/par	tner																				
62	Date				-			-			63	Time	,											
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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 priminal history? If you submit datails
	Does the applicant have a criminal history? If yes, submit details

	Describe the applic	of a firearn														
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	IF THE APPLICAN APPLICANT TO O						IF COMPEL	LING F	REASON	S EXIS	T WH	ICH R	REQU	IRE TH	IE	
1 [Compelling reasons	(Indicate wit	h an X)													
	Conduct a busine	SS	Gainf	ully emplo	yed	Dedic	ated hunter			ted spo erson	orts-		Priv	ate co	llector	
	Other											•				
2	Confirmation of cor	npelling rea	sons													
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	М.	REC	OMMEN	DATION	(To be com	npleted by th	e Designated	Firearms	s Officer/S	tation Co	ommiss	ioner)				
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