

## 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		OFFICIAL USE BY THE ERE THE APPLICATION	
	<sup>1</sup> Application reference	ce No	
DATE RECEIVED			
B. FOR OFFICIAL USE BY THE F	POLICE STATION WHE	RE THE APPLICATION	I IS RECEIVED
Province			
Area			
Police station			
Component code			
Firearm applications register reference No	SAPS 86	NO	YEAR
c. FOR OFFICIAL USE	BY THE CENTRAL FI	REARMS REGISTER (	CFR)
<sup>1</sup> Outstanding/Additional information required			
-   <sup>2</sup> Pe	rsal number C C	Y Y - M M	- D D <sup>3</sup> Date
4		5	
<sup>4</sup> Signature of police official <sup>6</sup> Application for competency certificate approved	(Indicate with an Y)	Name in	block letters
Application for competency certificate approved	(mulcate with an X)		
- 7 Pe	rsal number C C	Y Y - M M	- D D 8 Date
90, 7077 7		11 Nome :	
<sup>9</sup> Signature of CFR officer  12 Application for competency certificate refused (	Officer code	13 Reason(s) for re	n block letters
, approached to competency continuate refused	more with all A)	11003011(3) 101 16	
		<u> </u>	D D 15 Data
	ersal number C C	Y Y - M M	- D D 15 Date
<sup>16</sup> Signature of CFR officer	17 Officer code	<sup>18</sup> Name in	n block letters

version 0.2 Page 1 of 11

	D.	TYPE OF COMPET	ENCY CERTIF	ICATE (Indicate	e with an X)	
1.1	Competency certificate to poss	sess a Firearm				
1.2	Competency certificate to trade	e in Firearms				
1.3	Competency certificate to man	ufacture Firearms				
1.4	Competency certificate to cond	duct business as a Gunsmith				
1.5	Competency certificate to poss	sess a firearm as a Private Col	llector for a speci	fic category		
1.6	Competency Certificate to pos	sess a muzzle loading firearm				
	Handgun Rifle	Shotgun	Hand Machi	ne Carbine		
	E.	PARTIC	CULARS OF A	PPLICANT		
1 [	TYPE OF CITIZENSHIP (Indic	cate with an X)				
1.1	SA citizen Non	-SA citizen with permanent res	sidence*	]		
2	Identity number of applicant			1 1 -		
3	Surname				4	nitials
5	Full names					
6	Age	<sup>7</sup> Gender Male	Female	(Indicat	e with an X)	<del> </del>
8	Date of birth C C	Y Y - M M -	D D	•		
9	Residential address					
					<sup>10</sup> Posta	al Code
11	Postal address					
13						tal Code
13	Description of type of residence	e (eg shack, flat, caravan, cott	age, house, host	el or homeless)	)	
14	To do ou ou fou day		15 16	16		
16	Trade or profession  Name of employer/company		If se	elf-employed, sp	Decity	
17	Business address					
					<sup>18</sup> Pos	stal Code
19	Telephone number	<sup>19.1</sup> Home ( )	19	<sup>0.2</sup> Work		
19.3	Cellphone number	•	20	Fax (	)	
21	E-mail address			•		
22	Marital status (Indicate with an	X)				
22.1	Single	Married	Divorced		Widow	Widower
	Other (specify)			•		
23	PARTICULARS OF SPOUSE/	PARTNER (If applicable)				
23.1	Type of identification (Indicat	te with an X)				
23.1.1	SA ID Pass	sport				
23.2	Identity number of spouse/pa	rtner		-		
23.3	Passport number of spouse/p					
,	In case of a non-SA citizen proof of per	rmanent residence must be submitted	l			

version 0.2 Page 2 of 11

## 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 success	fully com	pleted the pres	cribed	test on the know	ledge of this Act? (Indic	ate with an X	)
YES		NO					
Have you success (Indicate with an X)		pleted the pres	cribed	training and prac	tical test for dealers, m	anufacturers	s or gunsmiths?
YES		NO					
In the case of dea	lers, manı	ufacturers or gu	unsmit	ths, submit details	of relevant qualification	ns/experien	се
	4.55		- 10				
G.	APP			COMPETENCY C PLIES TO PRIVATE PER	ERTIFICATE TO POS	SESS A FI	REARM
Have vou success	fully com	pleted the pres	cribed	test on this Act?	(Indicate with an X)		
YES		NO					
Have you success (Indicate with an X)		pleted the pres	cribed	training and prac	tical tests on the safe a	nd efficient	handling of a firearm?
YES		NO	T				
For which firearm	(s) did yo		escrib	ed training? (Indi	cate with an X)		
Pistol			Revolv		Rifle		Shotgun
Other (specify	y)					1	
		_		OT! IED INE	COMATION		
Н.				OTHER INF	ORMATION		
DO YOU HAVE A 1	RAINING	CERTIFICATE	ISSUE	D BY AN ACCRE	DITED TRAINING INSTIT	UTION? (Ind	licate with an X)
YES		NO					
Name of accredited	training ir	nstitution					
Serial number on tr	aining cert	tificate issued					
Date issued							
HAVE YOU EVER (Indicate with an )		NVICTED OF A	N OFF	ENCE COMMITTE	D INSIDE OR OUTSIDE	THE BORDE	ERS OF THE RSA?
YES		NO		If yes, submit the	following details		
Police station (1)					5.2 CAS/Case	number	
Charge							
Outcome							
Police station (2)					<sup>5.6</sup> CAS/Case	number	
Charge							
Outcome							
ARE THERE ANY	CASES PE	ENDING AGAINS	ST YO	U? (Indicate with	an X)		
	1 1			If you are broit that	following details		
YES		NO		If yes, submit the	lollowing details		
YES Police station (1)		NO	_	ii yes, submit the	6.2 CAS/Case	number	

version 0.2 Page 3 of 11

6.4	Police station (2)			6.5 CAS/Case number	
6.6	Offence				
7	HAVE ANY OF YOUR F	REARM(S) EVER BEE	N LOST/STOLEN? (Indicate	with an X)	
	YES	NO	If yes, submit the following	ng 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 NEGL	IGENCE OPENED AND	D INVESTIGATED REGARDIN	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 EVER BEEN	I DECLARED UNFIT TO	O POSSESS A FIREARM? (In	ndicate with an X)	
	YES	NO	If yes, submit the following	ng details	
9.1	Police station <sup>(1)</sup>			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.	Date from			9.10 Period	
10	HAS A FIREARM IN YO	UR POSSESSION BEE	N CONFISCATED? (Indicate	e with an X)	
	YES	NO	If yes, submit the following	ng details	
10.1	Police station (1)			10.2 CAS/Case number	
10.3	Circumstances			10.4 Outcome	
10.5	Police station (2)			<sup>10.6</sup> CAS/Case number	
10.7	Circumstances			<sup>10.8</sup> Outcome	
11			SERVED WITH A PROTECTION OR OTHER CONFLICT IN YO		
	YES	NO	If yes, submit details		
12	IN THE PAST FIVE YEA	RS HAVE YOU BEEN I	DENIED A LICENCE, PERMIT	FOR AUTHORIZATION RE	GARDING A FIREARM?
	YES	NO	If yes, submit details		
	•				

version 0.2 Page 4 of 11

IN THE PAST FIVE YEARS HAVE YOU BEEN DIAGNOSED OR TREATED BY A MEDICAL PRACTITIONER FOR DEPRESSION, DIAGNOSED OR TREATED BY A MEDICAL PRACTITIONER FOR DEPRESSION, DIAGNOSED OR TREATED BY A MEDICAL PRACTITIONER FOR DEPRESSION, DIAGNOSED OR NARCOTIC SUBSTANCE ABUSE, BEHAVIOURIAL PROBLEMS OR EMOTIONAL PROBLEMS? (Indicate with X)  YES  NO  If yes, submit details  IN THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION FROM AN INTIMATE PARTNER WITH WHOM RESIDED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE? (Indicate with an X)  YES  NO  If yes, submit details  IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES  NO  If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business  Gainfully employed  Dedicated hunter  Dedicated sports-person  Private collector  Other									FROM MAJOR DEPF (Indicate with an X)		ΓΙΟΙ
IN THE PAST TWO YEARS DID YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES  NO  If yes, submit details  IN THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION FROM AN INTIMATE PARTNER WITH WHOM RESIDED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE? (Indicate with an X)  YES  NO  If yes, submit details  IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES  NO  If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business  Gainfully employed  Dedicated hunter  Dedicated sportsperson  Private collector  Other	YES		NO		If y	es, sul	bmit details				
IN THE PAST TWO YEARS DID YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES  NO  If yes, submit details  IN THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION FROM AN INTIMATE PARTNER WITH WHOM RESIDED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE? (Indicate with an X)  YES  NO  If yes, submit details  IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES  NO  If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business  Gainfully employed  Dedicated hunter  Dedicated sportsperson  Private collector  Other											
IN THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION FROM AN INTIMATE PARTNER WITH WHOM RESIDED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE? (Indicate with an X)  YES  NO  If yes, submit details  IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES  NO  If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business  Gainfully employed  Dedicated hunter  Dedicated sportsperson  Private collector  Other	INTOXICATING C										
YES NO If yes, submit details  IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES NO If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business Gainfully employed Dedicated hunter Dedicated sportsperson Private collector  Other	YES		NO		If y	es, sul	bmit details				
YES NO If yes, submit details  IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES NO If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business Gainfully employed Dedicated hunter Dedicated sportsperson  Public collector Other				•							
IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS? (Indicate with an X)  YES  NO  If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business  Gainfully employed  Dedicated hunter  Dedicated sportsperson  Private collector  Other										RTNER WITH WHO	M Y
YES NO If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business Gainfully employed Dedicated hunter Dedicated sportsperson Private collector Other	YES		NO		If y	es, sul	bmit details				
YES NO If yes, submit details  IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business Gainfully employed Dedicated hunter Dedicated sportsperson Private collector Other											
IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.  *Compelling reasons (Indicate with an X)  Conduct a business Gainfully employed Dedicated hunter Dedicated sportsperson Private collector Other											
*Compelling reasons (Indicate with an X)  Conduct a business Gainfully employed Dedicated hunter Dedicated sportsperson Private collector  Other	IN THE PAST TW	O YEAF	RS HAVE YO	U EXPER	RIENCE	O ANY	FORCED JOB LOSS	? (Ir	ndicate with an X)		
*Compelling reasons (Indicate with an X)  Conduct a business Gainfully employed Dedicated hunter Dedicated sportsperson Private collector  Other		O YEAR		OU EXPER				? (Ir	idicate with an X)		
Conduct a business Gainfully employed Dedicated hunter Dedicated sports- person Private collector  Other		O YEAF		OU EXPER				i? (Ir	ndicate with an X)		
Public collector Other	YES	DER THE	NO E AGE OF 21	ı YEARS,	If y	es, sul	bmit details			N A COMPETENCY	
	YES  IF YOU ARE UND CERTIFICATE MU	DER THE	NO  E AGE OF 2 <sup>2</sup> SUBMITTEI	I YEARS,	If y	es, sul	bmit details			N A COMPETENCY	
Submit full details	YES  IF YOU ARE UND CERTIFICATE MU *Compelling reason	DER THE	NO E AGE OF 27 SUBMITTED cate with an	1 YEARS, D.	COMPE	es, sul	bmit details		UIRE YOU TO OBTAIN		
	YES  IF YOU ARE UND CERTIFICATE MI *Compelling reaso Conduct a busin	DER THE	NO E AGE OF 27 SUBMITTED cate with an	YEARS, D.  X) Infully emp	COMPE	es, sul	bmit details		UIRE YOU TO OBTAIN		

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.

version 0.2 Page 5 of 11

I.	SIGNATURE OF	APPLICANT (S	ign only if applicable)	
	Note:			
	The requirements of the photo:			
	<ul> <li>The photo must be the size of a standard passport pho</li> <li>The photo must be a full front view of the head and sho applicant.</li> <li>The background of the photo must be plain.</li> <li>The applicant may not be wearing a hat or sunglasses photograph.</li> <li>The applicant's name and identification number must b on the back of the photograph before it is affixed on the form.</li> <li>The applicant must sign in black ink.</li> </ul>	tograph. ulders of the on the e written	РНОТО	1
	<ul> <li>The signature may not exceed the border.</li> <li>The whole finger must be pressed down on the sheet.</li> <li>The fingerprint should not be rolled and must be a flat in</li> </ul>	moression		
	The imgerprint should not be rolled and must be a flat in	inpression.		
				<sup>4</sup> Fingerprint designation
2	2			3
	Signature	_		
		6	Date C C Y Y	- M M - D D
lame	e of applicant in block letters	_		
		7	Place	
PAF	RTICULARS OF POLICE OFFICIAL DEALING WITH APP	LICATION		
lame	e of police official in block letters	8.2 E	Persal number of police official	-
	y of police difficial in pleak lockers		creal manifest of police emolal	
Rank	of police official in block letters	8.4  S	ignature of police official	
	·		.g.rataro er penee emena	
PAF	RTICULARS OF WITNESS			
		9.2		-
ame	e of witness in block letters	P	ersal number of witness	<del></del>
		9.4		
lank	of witness in block letters		Signature of witness	
Submi	it proof of that indicated in par 11.1.			
J.	PARTICUI (This section must be completed only if the applic	ARS OF INTER		orm.)
Nan	ne and surname of interpreter			
	ntity/Passport number of interpreter			
	idential address	1 1 1 1		
. 100			<sup>4</sup> Postal	Code
Pos	tal address		i Ostai	
1 08	idi dudi 655		<sup>6</sup> Postal	Code
Tolo	ephone number 7.1 Home ( )		7.2 Work ( )	
Cell	phone number		9 Fax ( )	

version 0.2 Page 6 of 11

E-mail address  Interpreted from (language)  to  Date C C  Date C C  Place  Signature of interpreter  Rank of police official in block letters (if applicable)  Persal number of police	Y Y - M M - D D
Interpreted from (language)  12 Date C C  13 Place  Signature of interpreter  15 16 16	Y Y - M M - D D
13 14 Place Signature of interpreter  15 16 16	Y Y - M M - D D
Signature of interpreter  15 16 16	
Signature of interpreter  15 16 16	
15	
	ce official (if applicable)
K. PARENTAL CONSENT IN CASE OF A MINOR	
Recommended Not i	recommended
Name and surname of parent/guardian	
Identity/Passport number of parent/guardian	
Comments of parent/guardian	
	Y Y - M M - D D
Date C C	Y Y - M M - D D
6 Date C C Place	Y Y - M M - D D
Date C C	Y Y - M M - D D
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T	
6 Date C C C Place Signature of parent/guardian	
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T	
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T (INTERVIEW REPORT)  INTERVIEW 1 (With a person other than the applicant's spouse or partner)	
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T (INTERVIEW REPORT)  INTERVIEW 1 (With a person other than the applicant's spouse or partner)  Passport (Indicate with an X)	THE INTERVIEWS
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T (INTERVIEW REPORT)  INTERVIEW 1 (With a person other than the applicant's spouse or partner)  SA ID Passport (Indicate with an X)  Identity number of interviewee -	THE INTERVIEWS
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T (INTERVIEW REPORT)  INTERVIEW 1 (With a person other than the applicant's spouse or partner)  SA ID Passport (Indicate with an X)  Identity number of interviewee	THE INTERVIEWS
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T (INTERVIEW REPORT)  INTERVIEW 1 (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  Surname  Surname	THE INTERVIEWS
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T (INTERVIEW REPORT)  INTERVIEW 1 (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  Surname  Full names	THE INTERVIEWS
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T (INTERVIEW REPORT)  INTERVIEW 1 (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  Surname  Full names  Age 8 Gender Male Female (Indicate with an X)	THE INTERVIEWS
Signature of parent/guardian  L. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS T (INTERVIEW REPORT)  INTERVIEW 1 (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  Surname  Full names  Age  8 Gender Male Female (Indicate with an X)	THE INTERVIEWS

version 0.2 Page 7 of 11

11.3	Cellpho	ne nu	mber											12	Fax		(	)								
13	The inte			elatio	n to th	ne ap	plicar	nt? (ed	neia	hbou	r. em	vola	er, par													
14	Comme							(-3	, <u>.</u>		.,	,	,													
	•						J																			
15	Date	С	С	Υ	Υ	-	М	М	-	D	D	16	3 Time	Э												
17	Comme	ents of	f the p	olice	officia	al who	o con	ducted	d the i	nterv	riew	ļ														
18																										
19	In what				П	iew c			(eg ir			1			_											
	Date	С	С	Y	Υ	-	М	М		D	D	20	Time	Э												
21									]					22								-				
	Name of	police	offici	al in b	lock l	etters	3		-						Pers	al nur	nber	of polic	e off	icial						
23	Rank of p	olica	officia	ıl in bl	ock le	ttore								24	Sign	aturo	of pol	ice offic	 cial							
25															Sign	ature	oi poi	ice oni	Jiai							
20	INTERV	/IEW	<b>2</b> (W	ith a p	ersor	othe	er tha	n the	applic	ant's	spou	ise o	r partn	er)												
25.1	SA ID				Pas	sport	t			(Indi	cate w	ith an	X)										-			
26	Identity	numb	er of	intervi	iewee												-					-			-	
27	Passpo	rt num	nber o	of inter	viewe	ee																				
28	Surnam	ie																		<sup>29</sup>	nitials					
30	Full nan	nes																						1		
31	Age						32 (	∃ende	r	Ма	ale		Fer	male		(Indi	cate wi	ith an X)								
33	Address	3																								
																			34	<sup>4</sup> Pos	tal Co	ode				
35	Telepho	one nu	ımber	. 35	<sup>i.1</sup> Hor	ne	(	)						35.2	Work		(	)								
35.3	Cellpho	ne nu	mber											36	Fax		(	)								
37	The inte	erview	ee's r	elatio	n to th	ne ap	plicar	nt? (eg	g neig	hbou	r, em	ploye	er, par	ents)												
38	Comme	ents of	f the ir	ntervie	ewee																					
39				l ,,			Ι.,	Ι.,				4	0													
41	Date	С	С	Υ	Y	-	М	M	-	D	D	,	<sup>0</sup> Time	•												
	Comme	ents of	polic	e offic	oal af	er th	e inte	rview				<b></b>														
42	In what	mann	er wa	s the	interv	iew c	ondu	cted?	(eg ir	n pers	son, b	y tel	ephon	e)												
43	Dete	_	_	V	\ \ \		М	М		П	Ъ	_	4 Time													

45	Name of valing officia	مل ما الم	a alc latt	toro							46	Dow					fficial			l		
47	Name of police officia	il In bio	)CK IELL	.ers		7					48	Pers	al nui	mbei	0î pc	olice of	ificiai					
	Rank of police official	in bloc	ck lette	ers		_					40	Sign	ature	of pc	olice (	official						
49	INTERVIEW WITH	APPLI	ICANT	"S SPC	)USE/I	PAR1	TNER	(If ap	plicat	ole)												
49.1	SA ID		Passp	ort			(Ind	licate w	/ith an	X)												
50	Identity number of s	spouse	/partne	er										-					-		-	
51	Passport number of	f spous	se/part	ner																		
52	Surname								J		J						53	Initials	s			
54	Full names																					
55	Age			56	Gende	er	M	lale		Fer	male		(Indi	icate w	vith ar	n X)					_	
57	Address																					
																5/	<sup>3</sup> Post	tal Co	de			
59	Telephone number			<sup>59.1</sup> Ho	ome	(	)					<sup>59.2</sup> W	Vork		(	)						
59.3	Cellphone number											<sup>60</sup> Fa	ax		(	)						
61	Comments of spous	se/part	iner																	 		
										······					<b></b>					 		
62	Date C C	Y	Y -	- М	М	$\top$	D	D	63	3 Time		—		—	—					 		
	Date C C	<u> </u>	<u> </u>	IVI	IVI	<u></u>	<u></u>			Time					_					 		
64	Comments of the po	olice of	fficial v	who cor	nducte	d the	interv	view	<u> </u>											 		
25		_	_	_	_	_	_	_	_	_	_	_	_	<u> </u>	<u> </u>	<u> </u>		<u> </u>		 <u> </u>	_	
65	In what manner w	as the	e inter	view c	ondu	cted	? (eg	in pe	rson	, by t	eleph	none)	)							 		
66	Date	СС	C Y	Υ	-	М	М		D	D												
67						7					68		Τ_	Τ_	$T_{\underline{}}$	$T_{\perp}$	Τ_	Π		1		
	Name of police officia	ıl in blo	ock lett	ers		_						Pers	al nur	mber	of po	olice of	fficial			 •		
69											70											
	Rank of police official	in bloo	ck lette	ers								Signa	ature	of po	lice o	official						
71	OTHER DETAILS (	To be	comple	eted by	the D	esign	nated	Firear	ms O	officer)	$\Box$											
72																						
-	Describe the health	and ph	hysical	l fitness	of the	e app	licant															
																				 •••••		
73	Describe the mental	l condi	ition of	the ap	plicant	t and	indica	ate wh	ether	he/sh	ne is i	ncline	d to a	act vic	olentl	ly						
73	Describe the menta	I condi	ition of	the ap	plicant	t and	indica	ate wh	ether	he/sł	ne is i	incline	ed to a	act vi	olenti	ly						

version 0.2 Page 9 of 11

74	General impression of the	applicant's c	haracter, including	his o	r her temper and emo	tiona	l and behavioural stab	ility		
75	Is the applicant dependant	t on any subs	stance which has a	n into	xicating or narcotic ef	fect?	If yes, submit details			
76	Are there any negative asp	oects known	about the applican	t? If y	es, submit details					
77	Does the applicant have a	criminal hist	ory? If yes, submit	detai	ls					
78	Describe the applicant's kr	nowledge of	the Firearms Contr	ol Act	t, 2000 (Act No 60 of 2	2000)	, and Regulations, as	well a	as his or her knowled	ge
	of the safe handling of a fir	rearm								
79	IF THE APPLICANT IS UN APPLICANT TO OBTAIN	NDER THE A	GE OF 21 YEARS	i, COI TE.	NFIRM IF COMPELLI	NG F	REASONS EXIST WHI	CH F	REQUIRE THE	
79.1	Compelling reasons (Indicate	ate with an X	<u>(</u> )							
	Conduct a business	Gain	fully employed		Dedicated hunter		Dedicated sports- person		Private collector	
	Other									
79.2	Confirmation of compelling	g reasons								

version 0.2 Page 10 of 11

	M.	RECOMMENDA	ATION (To be completed by	y the Designa	ted Firearms	Office	er/Stati	ion Co	mmis	sioner	)				
1			RECOMMENDATION RE	GARDING	THE APPL	LICAT	ION								
		Recommended					Not	recon	nmer	nded					
1.1	Motivation														
2				3	Date	С	С	Υ	Y	_	М	М	_	D	D
	Name of Designated F	Firearms Officer/Station	n Commissioner in block	letters						<u>I</u>	L			<u> </u>	L
4				5	Place										
	Rank of Designated F	irearms Officer/Station	Commissioner in block le							1	ı		Ī		
6	Signature of Designat	ed Firearms Officer/Sta	ation Commissioner		Persal num Commissio		of Des	signat	ed Fi	rearm	- ns Offi	cer/S	tatior	ı	

version 0.2 Page 11 of 11