

GOVERNMENT NOTICE

DEPARTMENT OF POLICE

No. R. 1208

17 December 2010

GENERAL EXPLANATORY NOTE

[] Words in bold type in square brackets indicate omissions from existing regulations.

___ Words underlined with a solid line indicate insertions in the existing regulations.

REGULATIONS

FIREARMS CONTROL ACT, 2000 (ACT NO. 60 OF 2000)

FIREARMS CONTROL AMENDMENT REGULATIONS, 2010

DEPARTMENT OF POLICE

The Minister of Police has, in terms of section 145(1) of the Firearms Control Act, 2000 (Act No. 60 of 2000), amended Annexure A of the Firearms Control Regulations, 2004, as published in Government Notice No. R. 345, dated 26 March 2004, as follows—

Amendment of Annexure A

1. Annexure A is hereby amended by –

(a) insertion after column 49, as column 50, the following column:

50	Application for renewal of competency certificate	SAPS 517(g)
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(b) insertion in Annexure A of the form “Application for renewal of competency certificate”.

Short title and commencement

These Regulations are called the Firearms Control Amendment Regulations, 2010 and shall come into operation on 10 January 2011.

SCHEDULE



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				
4 Signature of police official					5 Name in block letters				
6 Application for competency approved (Indicate with an X)									
		Persal number			8 Date				
9 Signature of deciding officer				10 Officer code	11 Name in block letters				
12 Application for competency refused (Indicate with an X)									
13 Reason(s) for refusal									
		14 Persal number			15 Date				
16 Signature of deciding officer				17 Officer code	18 Name in block letters				

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D: Competency certificate renewal type (Indicate with an X)

CERTIFICATES		
1.1	Competency Certificate to Possess a Firearm	
1.2	Competency Certificate to Trade in Firearms	
1.3	Competency Certificate to Manufacture Firearms	
1.4	Competency Certificate to Conduct Business as a Gunsmith	
1.5	Competency Certificate to Possess a firearm as a private collector for a specific category	
1.6	Competency Certificate to Possess a muzzle loading firearm	

4 Details of original competency certificate

Types of firearm/s indicated on current Competency Certificate	Mark applicable type with a X	Indicate category of collector if applicable (A, B, C)	Competency Certificate Number	Date issued	Expiry date
Handgun					
Handgun and Rifle					
Rifle					
Shotgun					
Shotgun and Handgun					
Rifle and Shotgun					
Handgun and Rifle and Shotgun					
Hand Machine Carbine					
Handgun and Hand Machine Carbine					
Handgun and Rifle and Hand Machine Carbine					
Handgun and Shotgun and Hand Machine Carbine					
Handgun and Rifle and shotgun and Hand Machine Carbine					
Rifle and Hand Machine Carbine					
Rifle, shotgun and Hand Machine Carbine					
Shotgun and Hand Machine Carbine					

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	Passport	Non-SA citizen with permanent residence ¹
3	Identity number of natural person		
4	Passport number of natural person		
5	Surname	⁶ Initials	
7	Full name	Title	
8	Formal Street Address (residential)		
		⁹ Postal Code	
10	Postal address		
		¹¹ Postal Code	

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

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	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, provide reason(s)
_____ _____ _____				

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, provide reason(s)
_____ _____ _____				

17 **DECLARATION BY APPLICANT**

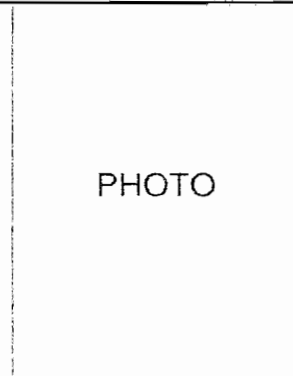
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F. SIGNATURE OF APPLICANT (Sign only if applicable)

Note:

The requirements of the photo:

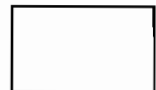
- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or 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.



Signature



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

G. PARTICULARS OF INTERPRETER
(This section must be completed only if the applicant cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter		<input type="text"/>										
2	Identity/Passport number of interpreter		<input type="text"/>										
3	Residential address	<input type="text"/>											
											4 Postal Code	<input type="text"/>	
5	Postal address	<input type="text"/>											
											5 Postal Code	<input type="text"/>	
7	Telephone number	7.1 Home	()	7.2 Work	()								
8	Cellphone number				8 Fax	()							
10	E-mail address	<input type="text"/>											
11	Interpreted from (language)				to	<input type="text"/>							

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		<input type="text"/>									
2	Identity/Passport number of nominee/authorized person		<input type="text"/>									

3 Date - -

4
Signature of nominee/authorized person

5 Place

- (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 authorisation 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;

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- (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

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: