

SOUTH AFRICAN POLICE SERVICE

APPLICATION TO DECLARE PREMISES A FIREARM FREE ZONE

Section 140 of the Firearms Control Act, 2000 (Act No 60 of 2000)

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² SAPS Head Office reference no			+														
³ Date received										-				-			
⁴ Date declared as a Firearm Free Zone			\top							-				-		\top	
⁵ Government Gazette reference no												- 1					
⁶ Outstanding/Additional information require	d																
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C. APPLICATIO Section 140																	
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Name of person applying on behalf of the institut	tion																
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Identity number								-					-			-	
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Capacity of person applying																	
Names and surnames of persons on the safety t	ream																
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Postal address of institution Temporary safe keeping facilities for firearms available (indicate with an X) If yes, submit a description of the safekeeping facilities Motivation regarding the application Contact particulars of person applying Emergency telephone No Cellphone number E-mail address Conditions The premises declared a Firearm Free Zone must be clearly identified and demarcated. Signs must be erected/posted at all the main entrances to the premises in English and where applicable in the predominant local language and maintained. A map of the premises which already specify the demarcated area and sign must be attached to the application. The institution where premises are declared Firearm Free Zone must endeavour to mark all correspondence accordingly to reflect the premises firearm free status. The person applying on behalf of the Institution must notify the Designated Firearms Officer responsible for the area of any changes that may occur to any information submitted in this application. Political Place Date INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER Inspection report	Physi	ical address of institution													
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2	Recommendation	
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3		4 Date
	Name of Designated Firearms Officer in block letters	
5		6 Place
	Rank of Designated Firearms Officer	Flace
7	-	8
	Signature of Designated Firearms Officer	
	Signature of Designated Firearms Officer	Persal number of Designated Firearms Officer
	E. RECOMMENDATION	OF STATION COMMISSIONER
1		
2		3 Date
	Name of Station Commissioner in block letters	
4		5 8
	Rank of Station Commissioner in block letters	5 Place
•	The state of the s	, []]]]
6	City of Chatter Committee	7
	Signature of Station Commissioner	Persal number of Station Commissioner
	F. RECOMMENDATION BY	Y PROVINCIAL COMMISSIONER
1		
2		3 Date
	Name of Provincial Commissioner in block letters	
4		⁵ Place
	Signature of Provincial Commissioner	

G.		REC	OMMENDA	TION BY N	NATION	AL COM	MISSI	ONE	R						
			7		3	Date				-			-		
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This document should be in triplicate as one should go to the applicant, one should stay with the station for record purposes and one should be forwarded to Head Office for further processing of the Firearm Free Zone declaration.