**APPLICATION FOR FIREARMS ENDORSEMENT**

**DETAILS OF APPLICANT**

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| **Name:** |  |
| **SAMSSA No** |  | **ID Number** |  |
| **Contact Details** | **Cell** |  | **Email** |  |

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**DETAILS OF FIREARMS**

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| --- | --- | --- | --- | --- |
| **Type** | **Calibre** | **Make & Model** | **Serial Number** | **In which SAMSSA event are you intending to participate in with this firearm?** |
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**DECLARATION BY APPLICANT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ applies for the above mentioned endorsements and solemnly declare the following:

* That all of the above information is correct
* That I intent to regularly participate in the Metallic Silhouette Shooting Sport at club and/or provincial level
* That I intend to use the firearms for which I am requesting endorsements in this application to participate in club and/or provincial competitions
* That I intend to renew my membership with SAMSSA annually before 31 December each year
* That I have been issued with a relevant and valid firearm competency certificate issued by the South African Police Services.
* That I am not aware of any reason why the requested endorsement(s) should not be issued to me.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please submit application to secretary@samssa.org.za or SAMSSA or FAX: 086 670 5337 PO Box 31165 Fichardtpark 9317 |