**APPLICATION FOR PROFESSIONAL HUNTER (SECTION 16A) STATUS**

 **CPHC-SA SAPS Accreditation Number: 1300141
Email: admin@cphc-sa.co.za | Website: http://www.cphc-sa.co.za**

**APPLICANT’S PERSONAL INFORMATION:**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FULL NAMES** |  |
| **ID NUMBER** |  |
| **CPHC-SA MEMBER NO** |  |
| **RESIDENTIAL ADDRESS** |  |
|  |
| **POSTAL ADDRESS** |  |
|  |
| **CELL NUMBER** |  | **LANDLINE:** |  |
| **EMAIL ADDRESS** |  |

 **PROFESSIONAL HUNTING INFORMATION**:
Please list all your valid provincial permit details below. Please attach additional pages, should you need more space.

|  |  |  |
| --- | --- | --- |
| Province | Permit No | Expiry Date |
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**FIREARMS:
Please list the calibres of all the firearms registered on your name**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Caliber | Manufacturer | Type of firearm | Action | Serial Number |
| Revolver, Pistol, Rifle, Shotgun | Semi-automatic, Bolt, Lever, Pump, etc. |
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Documentation to be attached by applicant:

|  |  |  |  |
| --- | --- | --- | --- |
| **Confirmation of ID Document attached** |  | **Confirmation of current PH Licence** |  |
| **Passed PH Course, Certificate** |  | **Last, entered page in PH register** |  |

Declaration

I hereby give Custodians of Professional Hunting & Conservation South Africa, in accordance with the Requirements of the Section 16A, to render information pertaining to me to the CFR. (Central Firearm Registry). I declare that I fully understand and abide by the content of Custodians of Professional Hunting & Conservation South Africa Constitution.

I hereby declare that the information given in this document and any attachments hereto is the truth.

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

**FOR OFFICE USE**:

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Reason for refusal (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed: President (or his/her delegate in terms of the Association’s Rules) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_