SOUTH AFRICAN PROFESSIONAL FIREARM TRAINERS COUNCIL

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PFTC LEARNER REGISTRATION FORM

Learner ID No:	
First Names:	
Surname:	
Alternate ID No:	
Alternate ID Type:	
Title:	
Gender:	
Date of Birth:	
Home Address:	
Postal Code:	
Province:	
Disabilities:	
Nationality:	

Course Name (U/S No):	Demonstrate Knowledge of the Firearms Control Act 60/2000 (117705)
Student No (S/C/V No):	
Telephone No:	
Cell No:	
Fax No:	
E-mail Address:	
Home Language	
Postal Address:	
Postal Code:	
Social Economic Status (e.g. Unemployed):	
Residential Status (e.g. S.A):	
Equity (e.g. Black, White): (Required for statistics purposesonly)	

DECLARATION

I declare the above information to be true and correct.

Learner Signature:	
Date:	

PLEASE NOTE!

Clear copy of learner ID to be supplied with completed form.

The firearm Training Unit Standards are Quality Assured by the PFTC. If you have feedback or need to report any irregularity you may contact us on etqa@pftc.co.za. After your course please log onto our website www.pftc.co.za where you can verify the authenticity of your statement of results.