

# Mail Order Sales of Standard Sporting Firearm(s), Airgun(s) and / or Ammunition

Revision 11 / 2016

NZ Police Mail Order Sales – Section 43A, Arms Act, 1983

Application date:  Day /  Month /  Year

## SECTION 1 PURCHASER TO FILL IN ALL RELEVANT DETAILS IN THIS SECTION

### SELLER / SUPPLIER:

Surname:	<input type="text" value="TIPPLE"/>	Forename(s):	<input type="text" value="MATTHEW JAMES HOLDEN"/>		
Date of birth if not a licence holder:	<input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/>	Phone No:	<input type="text" value="Mobile"/>	<input type="text" value="(03) 348-9998"/>	
Business name:	<input type="text" value="GUN CITY SOCKBURN"/>	Email:	<input type="text" value="socmailorder@guncity.co.nz"/>		
Firearms Licence No:	<input type="text" value="T5241496"/>	Expiry date:	<input type="text" value="22"/>	<input type="text" value="11"/>	<input type="text" value="2021"/>

### FIREARM(S) OR AIRGUN(S):

Quantity	Description (e.g. Rifle)	Make	Model	Calibre	Serial Number

### AMMUNITION:

Type of firearm(s) the ammunition will be used in	No. of boxes	No. rounds per box	Quantity	Type	Calibre

### PURCHASER DETAILS:

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Purchaser's delivery address: <i>(For firearms, must be licence holder's, Courier, Mail Co, or Firearms Dealer's address only)</i>	<input type="text"/>		<b>Sellers reference or Invoice No:</b>  <b>Date:</b> <input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year
The above address is my own:	<input type="checkbox"/> Courier:	<input type="checkbox"/> Mail Co:	<input type="checkbox"/> Firearms Dealer:
Phone No:	<input type="text" value="Mobile"/>	<input type="text" value="Home"/>	Email: <input type="text" value="If you do not have email please provide street address"/>
Firearms Licence No:	<input type="text"/>	Expiry date:	<input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/>
Date of birth if not a licence holder:	<input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/>	Purchaser's signature:	<input type="text"/>

### PROOF OF AGE: Required when purchasing an airgun and do not have a firearms licence

Drivers licence No:	<input type="text"/>	Expiry date:	<input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/>	<input type="checkbox"/> Letter of support from Airgun Club attached, if purchasing restricted airgun from licensed Firearms Dealer
Other NZ Government issued photo ID: Document attached	Issue No: <input type="text"/>	Expiry date:	<input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/>	

## SECTION 2 POLICE USE – POLICE MEMBER RECEIVING APPLICATION

<input type="checkbox"/> Purchaser's ID verified	<input type="checkbox"/> Firearm(s), Airgun(s), Ammunition correct	Receiving Officer signature or stamp:	Signature  QID  Designation  Day / Month / Year
<input type="checkbox"/> Purchaser's licence sighted and confirmed as current (NIA checked)	<input type="checkbox"/> Delivery address for this purchase checked and (NIA checked)		

## SECTION 3 POLICE USE – TRANSACTION AUTHORISATION BY ARMS OFFICER

I have inspected both the Seller's and Purchaser's Firearms Licence records (or relevant identification records where this application relates to airgun purchases) and I am satisfied that he / she is a fit and proper person to purchase the Firearm(s), Airgun(s) and / or Ammunition listed herein.

Member of Police:	<input type="text"/>	QID:	<input type="text"/>	Designation:	<input type="text"/>
Station:	<input type="text"/>	Email:	<input type="text"/>	Arms Office phone no:	<input type="text"/>
<input type="checkbox"/> / <input type="checkbox"/> Authorisation emailed direct to seller <input type="checkbox"/> OR mailed direct to seller <input type="checkbox"/> Original purchase order attached (if relevant) <input type="checkbox"/> Copy of this application (and purchase order) filed	Approving Police Employee signature or stamp and date:  <input type="text"/> Day / Month / Year	Authorisation expiry date  <input type="text"/> Day / Month / Year			

## Gun City Branches

### Which store did you purchase from?

Please tick

☐ **AUCKLAND**  
Company Name: Gun City Auckland  
Address: 706 Great South Road, Penrose, Auckland  
Firearms Licence Number: T5165697  
Phone: (09) 308-9000 Fax: (09) 620-0234  
Email: [aklmailorder@guncity.co.nz](mailto:aklmailorder@guncity.co.nz)

☐ **NORTH SHORE**  
Company Name: Gun City North Shore  
Address: 93 Wairau Road, North Shore, Auckland  
Firearms Licence Number: T5250817  
Phone: (09) 440 9409  
Email: [nshmailorder@guncity.co.nz](mailto:nshmailorder@guncity.co.nz)

☐ **HAMILTON**  
Company Name: Gun City Hamilton  
Address: 473 Anglesea Street, Hamilton  
Firearms Licence Number: T5198175  
Phone: (07) 838 2220  
Email: [hammailorder@guncity.co.nz](mailto:hammailorder@guncity.co.nz)

☐ **NAPIER**  
Company Name: Gun City Napier  
Address: 2 Pandora Road, Napier  
Firearms Licence Number: T5246538  
Phone: (06) 833-6048  
Email: [napmailorder@guncity.co.nz](mailto:napmailorder@guncity.co.nz)

☐ **WELLINGTON**  
Company Name: Gun City Wellington  
Address: 87 Hutt Road, Thorndon, Wellington  
Firearms Licence Number: T5209375  
Phone: (04) 891-8888 Fax: (04) 939 6773  
Email: [wgnmailorder@guncity.co.nz](mailto:wgnmailorder@guncity.co.nz)

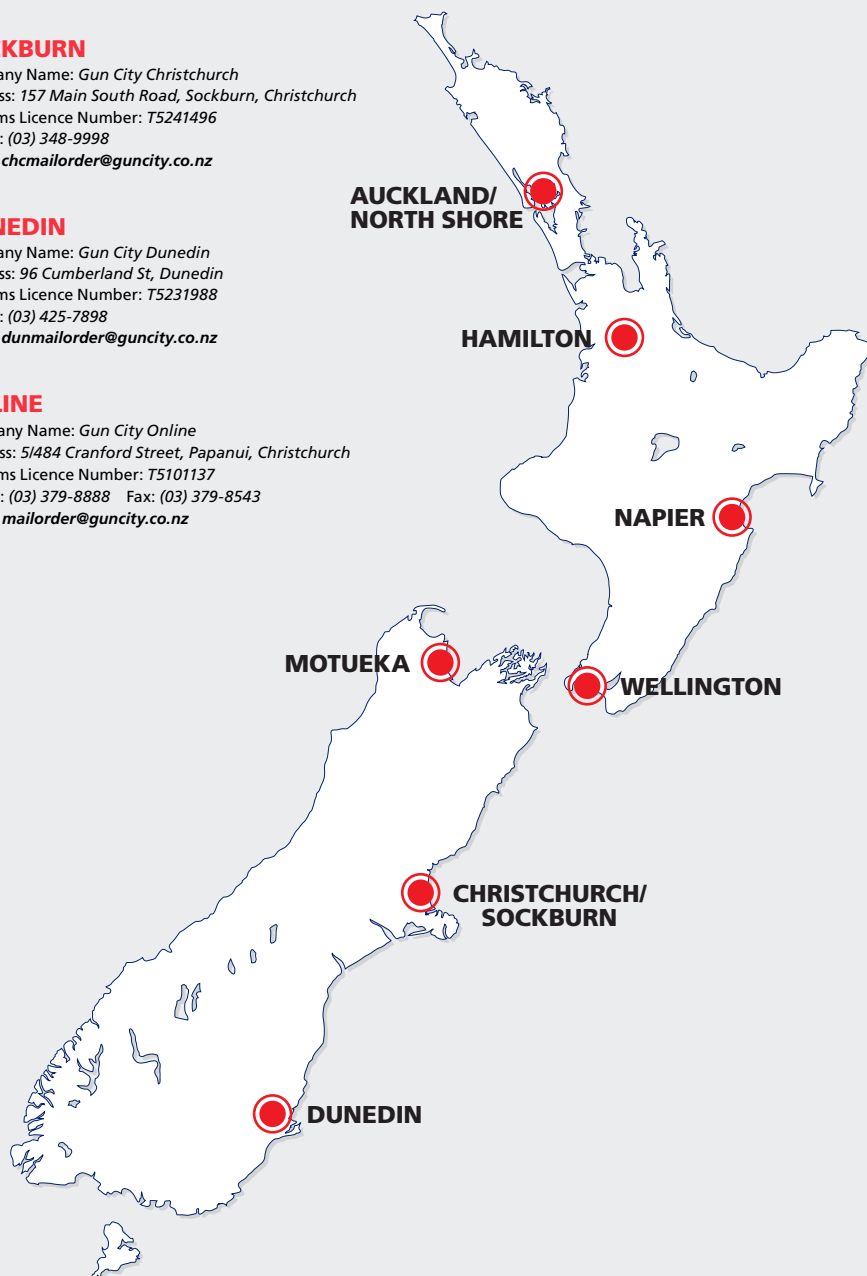
☐ **MOTUEKA**  
Company Name: Gun City Wellington  
Address: 277 High Street, Motueka  
Firearms Licence Number: T5250383  
Phone: (03) 528-4276  
Email: [motmailorder@guncity.co.nz](mailto:motmailorder@guncity.co.nz)

☐ **CHRISTCHURCH**  
Company Name: Gun City Christchurch  
Address: 5/484 Cranford Street, Papanui, Christchurch  
Firearms Licence Number: T5101137  
Phone: (03) 379-8888 Fax: (03) 379-8543  
Email: [chcmailorder@guncity.co.nz](mailto:chcmailorder@guncity.co.nz)

☐ **SOCKBURN**  
Company Name: Gun City Christchurch  
Address: 157 Main South Road, Sockburn, Christchurch  
Firearms Licence Number: T5241496  
Phone: (03) 348-9998  
Email: [chcmailorder@guncity.co.nz](mailto:chcmailorder@guncity.co.nz)

☐ **DUNEDIN**  
Company Name: Gun City Dunedin  
Address: 96 Cumberland St, Dunedin  
Firearms Licence Number: T5231988  
Phone: (03) 425-7898  
Email: [dunmailorder@guncity.co.nz](mailto:dunmailorder@guncity.co.nz)

☐ **ONLINE**  
Company Name: Gun City Online  
Address: 5/484 Cranford Street, Papanui, Christchurch  
Firearms Licence Number: T5101137  
Phone: (03) 379-8888 Fax: (03) 379-8543  
Email: [mailorder@guncity.co.nz](mailto:mailorder@guncity.co.nz)



### Store Sales Contact

If you bought in-store, which salesperson sold you the firearm?

SALES CONTACT:

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### Online Sales Contact

If you bought online, where you you make your purchase?

SALES CONTACT (please tick):

Trademe ☐ guncity.com ☐