

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="TIMOTHY JOHN HOLDEN"/>
Date of birth if not a licence holder: <input type="text" value="Day / Month / Year"/>	Phone No: <input type="text" value="Mobile"/> <input type="text" value="(03) 379-8888"/>
Business name: <input type="text" value="GUN CITY CHRISTCHURCH"/>	Email: <input type="text" value="chcmailorder@guncity.co.nz"/>
Firearms Licence No: <input type="text" value="T5101137"/>	Expiry date: <input type="text" value="05 / 12 / 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" value="Sellers reference or Invoice No:"/>
<input type="checkbox"/> Courier: <input type="checkbox"/> Mail Co: <input type="checkbox"/> Firearms Dealer: <input type="checkbox"/>	Date: <input type="text" value="Day / Month / Year"/>
Phone No: <input type="text" value="Mobile"/> <input type="text" value="Home"/>	<input type="checkbox"/> You may append pages to this application if there is insufficient room.
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 / Month / Year"/>
Date of birth if not a licence holder: <input type="text" value="Day / Month / 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 / Month / 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 / Month / 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: <input type="text" value="Signature"/>
<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)	QID: <input type="text"/>
		Designation and date: <input type="text" value="Designation"/> <input type="text" value="Day / Month / Year"/>

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"/> Y / <input type="checkbox"/> N Authorisation emailed direct to seller	Approving Police Employee signature or stamp and date: <input type="text" value="Day / Month / Year"/>	Authorisation expiry date: <input type="text"/>
<input type="checkbox"/> Y OR mailed direct to seller		
<input type="checkbox"/> Y Original purchase order attached (if relevant) Copy of this application (and purchase order) filed		