

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="SMITH"/>	Forename(s):	<input type="text" value="AARON DAVID"/>		
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="(06) 833 6048"/>	
Business name:	<input type="text" value="GUN CITY NAPIER"/>	Email:	<input type="text" value="napmailorder@guncity.co.nz"/>		
Firearms Licence No:	<input type="text" value="T5246538"/>	Expiry date:	<input type="text" value="04"/>	<input type="text" value="04"/>	<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"/>		<p>Sellers reference or Invoice No:</p> <p><input type="text"/></p> <p>Date: <input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year</p>
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:	<p><i>Signature</i></p> <p><i>QID</i></p> <p><i>Designation</i> <input type="text" value="Day"/> / <input type="text" value="Month"/> / <input type="text" value="Year"/></p>
<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"/>	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year	Authorisation expiry date <input type="text"/>		

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

☐ **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

☐ **HAMILTON**
 Company Name: Gun City Hamilton
 Address: 473 Anglesea Street, Hamilton
 Firearms Licence Number: T5198175
 Phone: (07) 838 2220
 Email: 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

☐ **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

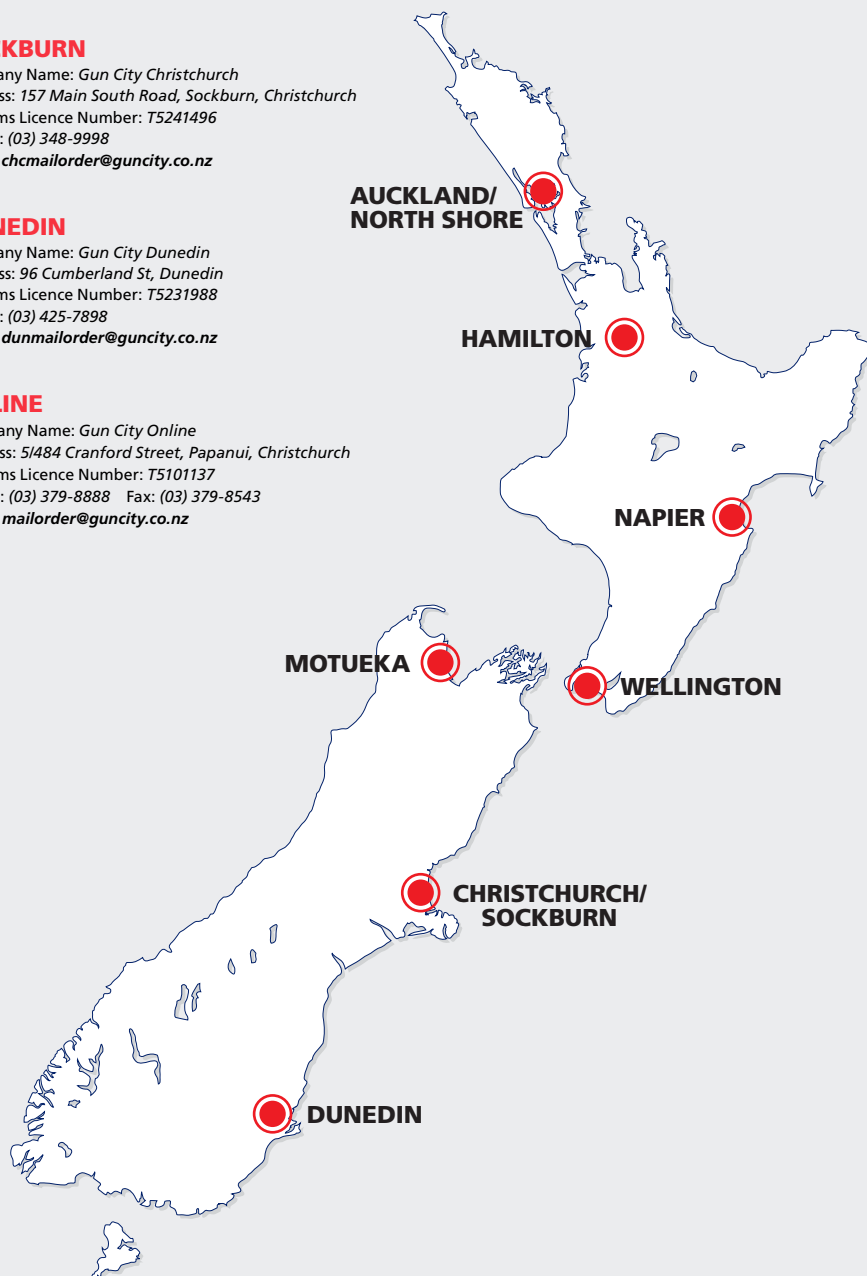
☐ **MOTUEKA**
 Company Name: Gun City Wellington
 Address: 277 High Street, Motueka
 Firearms Licence Number: T5250383
 Phone: (03) 528-4276
 Email: motmailorder@guncity.co.nz

☐ **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

☐ **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

☐ **DUNEDIN**
 Company Name: Gun City Dunedin
 Address: 96 Cumberland St, Dunedin
 Firearms Licence Number: T5231988
 Phone: (03) 425-7898
 Email: 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



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 ☐