New Zealand POLICE
Nga Pirihimana O Aotearoa

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: TIPPLE

Forename(s): BEATRICE

Date of birth if not a licence holder: Day / Month / Year

Phone No: Mobile (03) 379-8888

Business name: GUN CITY CHRISTCHURCH

Email: chcmailorder@guncity.co.nz

Firearms Licence No: T5101394

Expiry date: 29 / 01 / 2018

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:

Forename(s):

Purchaser's delivery address:
(For firearms, must be licence holder's, Courier, Mail Co, or Firearms Dealer's address only)

Sellers reference or Invoice No:

Date: Day / Month / Year

The above address is my own: ☐ Courier: ☐ Mail Co: ☐ Firearms Dealer: ☐

☐ *You may append pages to this application if there is insufficient room.*

Phone No: Mobile Home

Email: If you do not have email please provide street address

Firearms Licence No:

Expiry date: Day / Month / Year

Date of birth if not a licence holder: Day / Month / Year

Purchaser's signature:

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

Drivers licence No:

Expiry date: Day / Month / Year

☐ 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:

Expiry date: Day / Month / Year

SECTION 2 POLICE USE – POLICE MEMBER RECEIVING APPLICATION

☐ Purchaser's ID verified

☐ Purchaser's licence sighted and confirmed as current (NIA checked)

☐ Firearm(s), Airgun(s), Ammunition correct

☐ Delivery address for this purchase checked and (NIA checked)

Receiving Officer signature or stamp:

Designation and date:

Signature

QID

Designation 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: QID: Designation:

Station: Email: Arms Office phone no:

Y / N Authorisation emailed direct to seller

Y OR mailed direct to seller

Y Original purchase order attached (if relevant)
Copy of this application (and purchase order) filed)

Approving Police Employee signature or stamp and date: Day / Month / Year

Authorisation expiry date

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APPENDIX SELLER INFORMATION

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

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

◯ **CHRISTCHURCH**
Company Name: *Gun City Christchurch*
Address: *5/484 Cranford Street, Papanui, Christchurch*
Firearms Licence Number: *T5101394*
Phone: *(03) 379-8888* Fax: *(03) 379-8543*
Email: chcmailorder@guncity.co.nz

◯ **ONLINE**
Company Name: *Gun City Online*
Address: *5/484 Cranford Street, Papanui, Christchurch*
Firearms Licence Number: *T5101394*
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)*:

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