

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: Forename(s):

Date of birth if not a licence holder: Day / Month / Year Phone No:

Business name: Email:

Expiry date:

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: Email:

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

Purchaser's licence sighted and confirmed as current (NIA checked) Delivery address for this purchase checked and (NIA checked)

Receiving Officer signature or stamp:

Designation and date:

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)

Y Copy of this application (and purchase order) filed

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

Authorisation expiry date: