

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

Application date:

**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:  Phone No:    
 Business name:  Email:    
 Firearms Licence No:  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:    
 The above address is my own:  Courier:  Mail Co:  Firearms Dealer:    
 Phone No:  Email:    
 Firearms Licence No:  Expiry date:    
 Date of birth if not a licence holder:  Purchaser's signature:    
 You may append pages to this application if there is insufficient room.

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

Drivers licence No:  Expiry date:    
 Other NZ Government issued photo ID: Document attached  Issue No:  Expiry date:    
 Letter of support from Airgun Club attached, if purchasing restricted airgun from licensed Firearms Dealer

**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)   
 Copy of this application (and purchase order) filed   
 Approving Police Employee signature or stamp and date:    
 Authorisation expiry date: