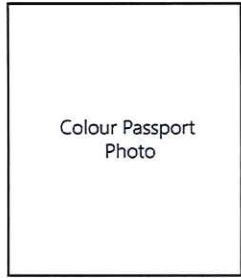




Ministry of Police Application for Firearms License

Section 9 Arms Ordinance Act (1960)



- Application must be made in person at the Arms Office
- Please print all details clearly

Do you have or have you ever had a Samoan Firearms License?

No Yes License Number:

Surname:

First Name:

Matai Title/Other name:

Village:

Phone:

Postal Address (if different from village address:

Date of Birth: Age:

Male: Female:

Specify the reason you wish to license and possess a firearm

Where will the firearm be used?

Is the firearm: New Second Hand

Have you ever been convicted of an offence?

No Yes

If Yes, please give details?

To be completed by the Commissioner of Police:

Hold: Declined: Approved:

Date: ___/___/___

Commissioner of Police

Application Number: _____

Date of Application: ___/___/___

Make and Type of firearm:

Serial Number:

I intend to purchase the firearm(s) from a licensed dealer.
(give details)

Check List:

1. Police Clearance report

No conviction Date: _____

Name: _____ Signature: _____

2. Character Reference: Two people that can verify your suitability to possess and use firearm

i. Notable person in your village.
(Pastor, Mayor, Lawyer)

Full name: _____

Designation: _____

Phone:

ii. Person that has known you for more than 5 years.

Fully name: _____

Address: _____

Phone:

3. Theory and Practical test.

Pass: Fail:

4. Medical Report (Psychological Test)

5. Land ownership certificate (for farming purposes)

6. Confirmation letter from President of SSF (for Sporting purposes)

7. Birth Certificate or Valid ID with Date of Birth

Declaration:

I declare that the information I have provided for this application is true and correct. I understand that it is an offence to intentionally give incorrect particulars or misleading details. I consent to the Police making inquiries into my fitness to possess or own a firearm and authorise any person approached by Police in this matter to release or disclose all relevant information.

Signatures: (should be witnessed by TOS Officer)

Applicant: _____

Witness: _____

Date: ___/___/___



Checklist for Firearm Application Requirements (Vaega manaomia mo Talosaga o laisene o laau malosi)



Passport Photograph: Ata tusi folau:		<input type="checkbox"/>
Police Clearance Report: Ripoti kilia a Leoleo:	Police Report to confirm that the applicant has no previous conviction. Ripoti e faamaonia ai e le'i aafia le olo'o talosaga, i se soligatulafono.	<input type="checkbox"/>
Medical Clearance Report: Ripoti mai se foma'i:	Report by the doctor confirming that the applicant is physically and mentally fit to handle a firearm. Ripoti a se foma'i e faailoa mai ai olo'o atoatoa le malosi ole tino ma le mafaufau, e mafai ai e le olo'o talosaga ona umiaina se laau malosi.	<input type="checkbox"/>
References letter from: Pulenu'u/ Village Mayor: Pastor/ Faifeau: Wife/ Toalua: Lawyer/Loia:	Character references to support the applicants good character when applying for a firearms license. O tusi fa'amaonia e fa'ailoa mai ai e i latou ua taua i lalo lou ituaiga tagata e lagolagoina ai le talosaga mo se laisene o laau malosi. O latou nei ua taua e silafia lelei lou tagata (5 tausaga ma sili atu) i totonu o lou afoaga (Pulenuu), Ekalesia (Faifeau) totonu ole aiga (Toalua) ma se Loia . (fanua umia sa'oloto.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Valid Government issued Identification: Drivers licenses/ Passport:	A printed copy of your driver's licenses OR passport. O se kopi o lo'u laisene ave taavale poo se kopi o lou tusi folau.	<input type="checkbox"/>