



**MINISTRY OF POLICE, PRISONS & CORRECTION**  
Samoa Police Headquarters  
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Tel: (685) 22 222. Fax: (685) 20 848

Samoa Prisons and Correction  
PO Box 6102  
Tanumalala, SAMOA  
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## **POLICE DEPUTY COMMISSIONER – DISTRICT OPERATIONS**

### **AUTHORISATION FORM**

I, \_\_\_\_\_ (Applicant's name), authorize the Selection Panel for the above position to undertake all necessary background and verifications checks in relation to my application for the position of Deputy Commissioner – District Operations of the Samoa Police Service.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_