**Samoa Prisons and Corrections** PO Box 6102 Tanumalala, SAMOA Tel: (685) 23516 Fax (685) 23517

## **DEPUTY COMMISSIONER – NATIONAL OPERATIONS**

## **AUTHORISATION FORM**

I,	(Applicant's	name),	authorize	the
Selection Panel for the above position to undertak	•	_		
checks in relation to my application for the po	1 .	Commiss	ioner – Nati	ional
Operations, of the Samoa Police, Prions and Correction Services.				
Signature of Applicant:				
Date:				