



**COMMISSIONER
Samoa Fire & Emergency Services Authority**

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 Commissioner, Samoa Fire & Emergency Services Authority.

I can be contacted for all matters relating to this position on the following:

- Home / Work Address: _____
- Telephone: _____
- Mobile: _____
- Email: _____

<p>.....</p> <p>Signature</p>	<p>.....</p> <p>Date</p>
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