Commissioner
Samoa Fire and 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 and Emergency Services Authority.

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

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

_____ Signature	_____ Date