



COMMUNITY PATROLS OF NEW ZEALAND AUTHORISED VETTING PERSONS

Date	
Patrol Name	

First Nomination

Name			
Home		Work	
Cell		Email	
<p>I promise to faithfully comply with the identification requirements outlined on the Vetting Service Request and Consent Forms submitted by me and any other requirements of CPNZ relating to the completion and submission of the forms.</p> <p>I acknowledge that, in completing the forms, I am acting as the agent of CPNZ Inc and that CPNZ may withdraw my authorisation at any time without prior notice or giving any reason.</p>			
Signature			

Second Nomination

Name			
Home		Work	
Cell		Email	
<p>I promise to faithfully comply with the identification requirements outlined on the Vetting Service Request and Consent Forms submitted by me and any other requirements of CPNZ relating to the completion and submission of the forms.</p> <p>I acknowledge that, in completing the forms, I am acting as the agent of CPNZ Inc and that CPNZ may withdraw my authorisation at any time without prior notice or giving any reason.</p>			
Signature			

Police Liaison Officer

Name			
Station			
QID		Work	
Cell		Email	
<p>I promise to faithfully comply with the identification requirements outlined on the Vetting Service Request and Consent Forms submitted by me and any other requirements of CPNZ relating to the completion and submission of the forms.</p> <p>I acknowledge that, in completing the forms, I am acting as the agent of CPNZ Inc and that CPNZ may withdraw my authorisation at any time without prior notice or giving any reason.</p>			
Signature			