Natural Resources Ressources naturelles MAGAZINE LICENCE APPLICATION **FORM 10** Canada Rev. Dec. 2003 COMPANY OR APPLICANT NAME AND CONTACT INFORMATION Company and/or Applicant Name Mailing Address E-Mail Address Cell Phone Number Contact Name Telephone Number Fax Number TYPE OF LICENCE (check appropriate boxes) ☐ Amendment ☐ Existing Licence Number Renewal ☐ Specify Changes: _ ☐ New ☐ Vendor OR User Explosives Fireworks ☐ Propellant ☐ Zone ☐ Special, shared ☐ Perforating ☐ Seismic User, regular ☐ Heliportable Explosives User Other (specify): Specify Type **LOCATION OF PROPOSED MAGAZINE BUILDINGS** Province, County / District / Regional Municipality, Township, Municipality, Highway / Road / Street Name of Magazine Keeper Telephone Number Cell Phone Number Fax Number Latitude, degrees Longitude, degrees SKETCHES AND/OR SITE PLANS A sketch or site plan indicating distances from magazines to vulnerable points and directions by road to the site must be attached to this application; fireworks and propellants applications also need layout sketches or plans showing emergency exits, storage and work place areas for individual magazines and buildings. ☐ Yes Note: If no changes are made, new site plans or sketches are not required. Site plans included: MAGAZINE AND SITE DESCRIPTION □ No ☐ Yes a) Grounds within 8 metres of magazines are free of all combustible materials that endanger the stored explosives: b) Site security measures Signs Fence Gate Alarm system Guard Other (specify): c) Complete table below on construction, product and layout (attached additional information if more space is needed). В Product Type Measured Distance to Magazine Quantity а (specify) Vulnerable Points r **Explosives** ID No. (blasting/detonator) Size kg/number С M1. Tag Magazine Propellant Standard а Road/Rail Inhabited M2, No. LxWxH Magazine (black/smokeless d Etc. Type kg/number Building powder/primer) е (metres) (metres) (metres) **Fireworks** (metres) Y/N (indicate class) gross weight, kg **CRITERIA FOR INSPECTION (SEE Form 10 Annex)** Applicant has read the criteria used by Explosive Inspectors to evaulate magazines and sites. Mail Payment to Regional Office Applicant Name (print) Date (month/day/year) Cheque or money order no. Payable to "Receiver General for Canada" \$ Applicant Signature (604) 666-0366 or (604) 880-8578 Natural Resources Canada Phone: **Explosives Regulatory Division** Fax: (604) 666-0399 101-605 Robson Street tmatts@nrcan.gc.ca E-mail: V6B 5J3 jomartin@nrcan.gc.ca Vancouver, B.C. Web Site: http://www.nrcan.gc.ca/mms/explosit Note: It is illegal to submit false or misleading information in this application. FOR OFFICE USE ONLY LICENCE EXPIRY DATE Received payment \$ Approved by: For the Minister of Natural Resources Canada Cash blotter no. ___ Date

AMENDMENT #

