



1. COMPANY OR APPLICANT NAME AND CONTACT INFORMATION

Company and/or Applicant Name				
Mailing Address				
Contact Name	E-Mail Address	Telephone Number	Cell Phone Number	Fax Number

2. TYPE OF LICENCE (check appropriate boxes)

<input type="checkbox"/> Existing Licence Number _____ <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Specify Changes:				
<input type="checkbox"/> New	<input type="checkbox"/> Vendor OR <input type="checkbox"/> User	<input type="checkbox"/> Explosives	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Propellant
<i>Explosives User</i> <input type="checkbox"/> User, regular <input type="checkbox"/> Zone <input type="checkbox"/> Special, shared <input type="checkbox"/> Perforating <input type="checkbox"/> Seismic <input type="checkbox"/> Heliportable <input type="checkbox"/> Track Drill <i>Specify Type</i> <input type="checkbox"/> Other, Specify				

3. 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

4. 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.

Note: If no changes are made, new site plans or sketches are not required. Site plans included: Yes No

5. MAGAZINE AND SITE DESCRIPTION

a) Grounds within 8 metres of magazines are free of all combustible materials that endanger the stored explosives: Yes No

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).

Magazine				B a r r i c a d e Y/N	Product Type (specify)	Quantity	Measured Distance to Vulnerable Points		
ID No.	Tag No.	Magazine Standard Type	Size LxWxH (metres)		<input type="checkbox"/> Explosives (blasting/detonator) <input type="checkbox"/> Propellant (black/smokeless powder/primer) <input type="checkbox"/> Fireworks (indicate class)	kg/number kg/number gross weight, kg	Road/Rail (metres)	Inhabited Building (metres)	Magazine (metres)

6. CRITERIA FOR INSPECTION (SEE Form 10 Annex)

Applicant has read the criteria used by Explosive Inspectors to evaluate magazines and sites.

Applicant Name (print)	Date (month/day/year)	Mail Payment to Regional Office Cheque or money order no. Payable to "Receiver General for Canada" \$
Applicant Signature		Natural Resources Canada Phone: (604) 666-0366 Explosives Regulatory Division Fax: (604) 666-0399 625 Robson Street E-mail: siwong@nrcc.gc.ca Vancouver, B.C. V6B 5J3 jomartin@nrcc.gc.ca
Note: It is illegal to submit false or misleading information in this application.		Web site: http://www.nrcc.gc.ca/mms/explosif

FOR OFFICE USE ONLY	LICENCE EXPIRY DATE	
Approved by: _____	Received payment \$ _____	
For the Minister of Natural Resources Canada Date _____	Cash blotter no. _____	
		AMENDMENT #