



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)

Existing Licence Number Renewal Amendment
Specify Changes:
New Vendor OR User Explosives Fireworks Propellant
Explosives User User, regular Zone Special, shared Perforating Seismic Heliportable Track Drill
Specify Type 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).
Table with columns: Magazine (ID No., Tag No., Magazine Standard Type, Size LxWxH (metres)), Barriade (Y/N), Product Type (Explosives, Propellant, Fireworks), Quantity (kg/number, gross weight, kg), Measured Distance to Vulnerable Points (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
Applicant Signature
Note: It is illegal to submit false or misleading information in this application.

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