Ressources naturelles Canada

Division 1 Factory Licence or Satellite Site Certificate Application

APPLICANT INFORMATION												
Applicant Name												
Address												
Contact Person						Email Address						
Telephone						Fax						
TYPE of LICENCE or CERTIFICATE (check appropriate boxes)												
□ New Licence □ Existing Licence Number:					☐ Renewal ☐ Amendment ☐ Renewal with amendments Specify amendments:							
Division 1: ☐ Factory Licence ☐ Satellite Site Certificate												
CONTACT and SITE INFORMATION												
Contact Person						Email /	Address					
Telephone						Fax						
Address												
Geographical Coordinates of Site			Latitude: N			Longitude: W						
SCOPE of OPERATIONS												
Describe the explosives to be manufactured or stored using generic names and descriptions. State the nature of the process(es) to be carried out, in or away from (only when applicable) the proposed site. Specify requested duration and state expected start and stop dates. Attach any additional												
information if more space is needed.												
LIST of FORMS ACCOMPANYING this APPLICATION												
New page numbers		F05-01B	F05		-01C		F05-01D		F05-01E			
submitted Unchanged page			<u> </u>									
numbers not submitted												
LIST of PLANS and DRAWINGS (specify date and revision number)												
Site Plan Area Pla		Area Plan		g Layout	Process Schen		atic Equipment Layout		out			
LIST of DOCUMENTS (if applicable)												
Document(s)		Date		Rev.	Spill Contingency		Document(s)		Date	Rev.		
Operating Procedure(s)						Plan(s)						
Maintenance Procedure(s)							Emergency Response Plan(s)					
Training Manual(s)						Securit (Type	ty Plan E, I and D only)					
Destruction Procedure(s)						Security Screening (Type E, I and D only)						
Letter(s) of Understanding						Environmental Assessment Indigenous Consultation						
APPLICANT'S DECLARATION												
		t the information	on	Fees:	Cheque pay	vable to t	he Receiver General fo	r Canada				
If applicar		ion, the person s	signing	Send to:	NRCan – E	xplosives	Safety and Security B	ranch				
	cation must be a on's behalf.	authorized to ac	t on the		Phone 1-85	5-912-00		_				
					www.nrcan.gc.ca/explosives ERDmms@nrcan.gc.ca							
Date (year/month/date) Applicant Name, print Applicant Signature												
FOR OFFICE	TICE Completed				d / Denied	Denied			Reviewed by Inspector			
USE ONLY				Cash Blotter No					Amendment			

