



**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="radio"/> Vendor OR <input type="radio"/> User	<input type="checkbox"/> Explosives	<input type="checkbox"/> Fireworks <input type="checkbox"/> Propellant
Explosives User <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			
Specify Type <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 (mm/dd/yyyy)	<b>Mail Payment to Regional Office</b> Cheque or money order no. _____ Payable to "Receiver General for Canada" \$ _____
Applicant Signature  _____		Natural Resources Canada Explosives Regulatory Division Phone: (403) 292-4766 or (403) 292-4727 214-755 Lake Bonavista Drive S.E. Fax: (403) 292-4689 Calgary, Alberta T2J 0N3 E-mail: <a href="mailto:wmcauley@nrncan.gc.ca">wmcauley@nrncan.gc.ca</a> Web Site: <a href="http://www.nrncan.gc.ca/mms/explosif">http://www.nrncan.gc.ca/mms/explosif</a>
Note: It is illegal to submit false or misleading information in this application.		
<b>FOR OFFICE USE ONLY</b> Approved by: _____  For the Minister of Natural Resources Canada _____ Date _____		Received payment \$ _____  Cash blotter no. _____
		<b>LICENCE EXPIRY DATE</b>  <b>AMENDMENT #</b>