



Division 2 Factory Licence or Manufacturing Certificate Application

APPLICANT INFORMATION							
Applicant Name							
Address							
Contact Person				Email Address			
Telephone				Fax			
TYPE of LICENCE or CERTIFICATE (check appropriate boxes)							
<input type="checkbox"/> New Licence		<input type="checkbox"/> Existing Licence Number		<input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal with changes			
Division 2: <input type="checkbox"/> Factory Licence <input type="checkbox"/> Manufacturing Certificate				Specify amendments:			
Period Requested for Certificate:				Start Date		End Date	
SITE CONTACT INFORMATION and LOCATION							
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. Attach any additional information if more space is needed.							
LIST of FORMS ACCOMPANYING this APPLICATION							
		F05-02B		F05-02D		F05-02E	
New page numbers submitted							
Unchanged page numbers not submitted							
LIST of PLANS and DRAWINGS (specify date and revision number)							
Site Plan		Area Plan		Building Layout		Process Schematic	
						Equipment Layout	
LIST of DOCUMENTS (if applicable)							
		Document(s)		Date		Rev.	
Operating Procedure(s)						Spill Contingency Plan(s)	
Maintenance Procedure(s)						Emergency Response Plan(s)	
Training Manual(s)						Security Plan (Type 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							
Applicant declares that the information provided is true and accurate. If applicant is a corporation, the person signing the application must be authorized to act on the corporation's behalf.				Fees: <i>Cheque payable to the Receiver General for Canada</i> Send to: NRCan – Explosives Safety and Security Branch ePortal: https://eservices.nrcan-rncan.gc.ca/ Phone 1-855-912-0012 ERDmms@nrcan.gc.ca www.nrcan.gc.ca/explosives			
Date (year/month/date)		Applicant Name (print)		Applicant Signature			
For Office Use Only	Date App. Received		Date App. Complete		Date Lic. Issued/Denied		Reviewed by Inspector
	Amendment #		Fee: \$		Cash blotter no:		