



### Screening - Application for Approval Letter

<b>1. APPLICANT INFORMATION</b>				
Family Name		Given Name		Date of Birth (yyyy/mm/dd)
Address				
City		Province/Territory		Postal Code
Telephone			Email Address	
<b>2. HOLDER OF LICENCE (If the applicant is employed by or is a director of a holder of a licence)</b>				
Holder's Name			Name of the Applicant's Supervisor, if applicable	
Holder's Address				
City		Province/Territory		Postal Code
Telephone		Fax		Email Address
<b>3. CRIMINAL RECORD CHECK</b>				
<input type="checkbox"/> Attached is the original of a criminal record check carried out on the applicant, within one year before the date on which the application is received.				
<b>4. APPLICANT DECLARATION (Applicant declares that the information is true and accurate)</b>				
Date (yyyy/mm/dd)		Applicant Name, print		Applicant Signature
Return the completed application and direct your questions to:  <div style="text-align: center;"> <b>Explosives Regulatory Division</b>  <b>580 Booth Street, 10<sup>th</sup> Floor</b>  <b>Ottawa (ON) K1A 0E4</b>  <b>Tel. 613-948-5200</b>  <b>Fax. 613-948-5195</b>  <b>ERDmms@nrcan.gc.ca</b> </div>				
<b>FOR OFFICE USE ONLY</b>	Date App. Completed	<input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date	Reviewed by Inspector