



Screening - Application for Approval Letter

1. APPLICANT INFORMATION				
Family Name		Given Name		Date of Birth (yyyy/mm/dd)
Mailing Address				
City		Province/Territory		Postal Code
Telephone			Email Address	
2. HOLDER OF LICENCE (If the applicant is employed by or is a director of a holder of a licence)				
Licence Holder's Name			Name of the Applicant's Supervisor, if applicable	
Licence Holder's Address				
City		Province/Territory		Postal Code
Telephone		Fax		Email Address
3. CRIMINAL RECORD CHECK				
<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.				
4. APPLICANT DECLARATION (Applicant declares that the information is true and accurate)				
Date (yyyy/mm/dd)		Applicant Name, print		Applicant Signature
Return the completed application and direct any questions to: <p style="text-align: center;"> Explosives Safety and Security Branch - Explosives Regulatory Division 588 Booth Street, 4th Floor Ottawa (ON) K1A 0Y4 Tel. 1-855-912-0012 ERDmms@nrcan.gc.ca </p>				
FOR OFFICE USE ONLY	Date App. Completed	<input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date	Reviewed by Inspector