



### Screening - Application for Approval Letter

|  |                     |  |   |                            |
|--|---------------------|--|---|----------------------------|
| <b>1. APPLICANT INFORMATION</b>  |                     |  |   |                            |
| Family Name  |                     | Given Name   |   | Date of Birth (yyyy/mm/dd) |
| Mailing 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>  |                     |  |   |                            |
| 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              |
| <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 any questions to:<br><br><p style="text-align: center;"> <b>Explosives Safety and Security Branch - Explosives Regulatory Division</b><br/>             588 Booth Street, 4<sup>th</sup> Floor<br/>             Ottawa (ON) K1A 0Y4<br/>             Tel. 1-855-912-0012<br/>             Fax. 613-948-5195<br/>             ERDmms@nrcan.gc.ca           </p> |                     |  |   |                            |
| <b>FOR OFFICE USE ONLY</b>   | Date App. Completed | <input type="checkbox"/> Issued<br><input type="checkbox"/> Denied | Date  | Reviewed by Inspector      |