



INSPECTORATE DIVISION OF THE MINERALS COMMISSION

EXPLOSIVES FORM "A"

APPLICATION FOR PERMIT TO PURCHASE / POSSESS EXPLOSIVES: (SERVICE COMPANIES)

1. NAME OF COMPANY

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.....

2. OFFICE LOCATION

.....
.....

3. POSTAL ADDRESS

.....
.....

4. TELEPHONE NUMBER FAX NUMBER

.....

5. E-MAIL ADDRESS

.....

6. EXPLOSIVES REQUIRED FOR

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.....

7. STATE THE FOLLOWING DETAILS OF YOUR AGREEMENT:

- (i) FILE No. (ii) REGISTRATION No.
(iii) DATE OF COMMENCEMENT (iv) DATE OF EXPIRY

8. SITE(S) OF THE BLASTING OPERATIONS

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9. NAME AND ADDRESS OF EXPLOSIVES AND DETONATOR SELLING AGENT(S)

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.....

10. NAME OF COMPANY MANAGER / FOREMAN

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.....

11. NAMES OF PERSONS EMPLOYED TO CONDUCT BLASTING OPERATIONS:

NAME
BLASTING CERTIFICATE No.

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I CERTIFY THAT THE ABOVE DETAILS SUBMITTED ARE CORRECT.

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(SIGNATURE OF APPLICANT)

DATE

- NOTE:**
1. A book must be kept for the each day entry of the amount of explosives and detonators issued and received.
 2. Where the applicant is storing explosives in another person's magazine, a letter of approval from that person must be submitted with the application.
 3. Any change in the management or discharge of the persons named in sections 10 or 11 must be notified immediately to the Chief Inspector of Mines, Accra.