



**INSPECTORATE DIVISION OF THE MINERALS COMMISSION**

**EXPLOSIVES FORM "A"**

**APPLICATION FOR PERMIT TO PURCHASE EXPLOSIVES: - (SERVICE PROVIDERS)**

1. NAME OF APPLICANT .....

2. POSTAL ADDRESS .....

3. EXPLOSIVES REQUIRED FOR .....

4. SERVICE REGISTRATION No. ....

5. SITE(S) OF THE BLASTING OPERATIONS

.....

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

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.....

.....

7. NAME OF MANAGER, IF DIFFERENT FROM (1) ABOVE

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8. NAMES OF PERSONS EMPLOYED TO CONDUCT BLASTING OPERATIONS:

NAME:

BLASTING CERT No.

.....

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**I CERTIFY THAT THE ABOVE DETAILS SUBMITTED ARE CORRECT.**

.....

(SIGNATURE OF APPLICANT)

.....

DATE

**NOTE:**

1. A book must be kept for the entry each day of the amount of explosives and detonators issued and received.
2. Where the applicant is storing explosives in another person's magazines, a letter of approval to store from that person must be submitted with the application.
3. Any change in the management or discharge of the persons named in sections 8, 9 or 10 must be notified immediately to the Chief Inspector of Mines, Accra.

