



INSPECTORATE DIVISION OF THE MINERALS COMMISSION
EXPLOSIVES FORM "C"

APPLICATION FOR LICENCE TO STORE EXPLOSIVES: - (MANUFACTURERS / DEALERS)

1. NAME OF APPLICANT

2. POSTAL ADDRESS

3. TELEPHONE NUMBER 4. FAX NUMBER.....

5. E-MAIL ADDRESS

6. NAME(S) AND ADDRESS(ES) OF CUSTOMER(S)

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7. STATE THE FOLLOWING PARTICULARS OF YOUR EXPLOSIVES MAGAZINES:

(a) SITE (b) PLAN No.

(c) DATE OF APPROVAL (d) STORAGE CAPACITY

8. STATE THE FOLLOWING PARTICULARS OF YOUR DETONATORS MAGAZINES:

(a) SITE (b) PLAN No.

(c) DATE OF APPROVAL (d) STORAGE CAPACITY

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

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10. NAMES OF PERSONS EMPLOYED TO BE IN CHARGE OF THE MAGAZINES:

NAME:

BLASTING CERT No.

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11. NAMES OF SECURITYMEN/WATCHMEN EMPLOYED ON SURFACE MAGAZINES:

(a). DAY: (b). NIGHT:

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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 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 9, 10 or 11 must be notified immediately to the Chief Inspector of Mines, Accra.