



INSPECTORATE DIVISION OF THE MINERALS COMMISSION

EXPLOSIVES FORM "C"

APPLICATION FOR LICENCE TO STORE EXPLOSIVES: - (SERVICE COMPANIES)

1. NAME OF APPLICANT

2. POSTAL ADDRESS

3. EXPLOSIVES REQUIRED FOR

5. SITE(S) OF THE BLASTING OPERATIONS

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6. STATE THE FOLLOWING PARTICULARS OF YOUR EXPLOSIVES MAGAZINE:

(a) SITE (b) PLAN No.

(c) DATE OF APPROVAL (d) STORAGE CAPACITY

7. STATE THE FOLLOWING PARTICULARS OF YOUR DETONATORS MAGAZINE:

(a) SITE (b) PLAN No.

(c) DATE OF APPROVAL (d) STORAGE CAPACITY

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

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9. NAME OF MANAGER RESPONSIBLE FOR THE MAGAZINES

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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)

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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.