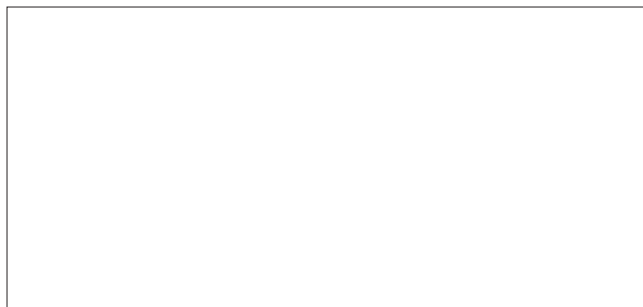


Health and Safety at Work etc. Act 1974 Explosives Regulations 2014



Application for Grant of An Explosives Certificate to Those Residents Outside Great Britain

This form has been approved by the Health and Safety Executive.

Throughout this form, 'person' covers individuals and bodies both corporate and unincorporated; 'address' should be taken as referring (when appropriate) to the address of a body's registered or principal office.

The person making the application on behalf of a visitor or visitors, is referred to in this form as the 'sponsor'.

- Part A** To be completed by the sponsor
Part B To be completed in relation to an individual visitor; OR
Part C Each member of a group of up to 20 visitors (*)
Part D Details of acquisitions - i.e. SINGLE or MULTIPLE
Part E Declaration

(*) Who will be either using explosives for sporting purposes during the same person, or participating in the same competition or event or series of competitions or events or historic battle re-enactment events.

Notes:

1. Please complete this form using BLOCK CAPITALS (except for signatures) AND either:
(a) Type; OR
(b) Write using ink
2. If there is insufficient space to answer any question fully, please supply the information on a separate sheet of paper.

This space is for police use only

Part A - To be completed by the sponsor

1. Full name of sponsor:

Last name / family name:

First name(s):

Place and date of birth:

Date: / /

Place:

2. If at any time the sponsor has used a name or names other than that given in 1. above, please give details (including in the case of a married woman, last name / family name before marriage):

3. Address, including postcode, of sponsor:

Postcode:

Telephone numbers:

Landline:

Mobile:

4. Please give details of any previous police certificate or licence for acquisition / keeping of explosives issued to sponsor:

Date: / /

Type of certificate / licence:

Issuing police force:

5. Is the sponsor submitting this application as a representative of a shooting, battle re-enactment or similar type of organisation? YES NO If YES, please give details:

Name of organisation:

Position held / function:

Details of visitors permits applied for / granted:

Name of issuing force:

6. Is the trade or business of the sponsor linked to this application? YES NO If YES, please give details of business:

Part B - To be completed In relation to an individual visitor

7. Full name of visitor:

Last name / family name:

First name(s):

8. Place and date of birth:

Date: / /

Place:

9. Nationality:

10. Permanent address, including postcode:

Postcode:

Telephone numbers:

Landline:

Mobile:

11. Address, including postcode, of visitor whilst in the United Kingdom:

Postcode:

Telephone numbers:

Landline:

Mobile:

Issuing police force:

12. Has the visitor been convicted of any offences (including by courts **outside** the United Kingdom)? YES NO If YES, please give details:

13. Please state briefly the purpose(s) for which the explosives would be acquired:

14. Does the visitor intend to participate in a recognised shooting competition, historic battle re-enactment or other event? YES NO If YES, please give details:

Part B continued

15. Please give details of any experience of visitor in the handling of explosives:

16. Please give expected arrival date of visitors to the United Kingdom:

Date: / /

17. Please specify period for which the visitor requires the Explosive Certificate will be valid:

Date from: / /

Date to: / /

18. Does the visitor intend to import any explosives into the United Kingdom at the same time as visiting? YES NO If YES, please give details:

19. Has an import licence been obtained? YES NO If YES, please give details:

20. Does the visitor intend to export any explosives from the United Kingdom at the end of the visit? YES NO If YES, please give details:

21. Has an export licence been obtained? YES NO If YES, please give details:

Part C - To be completed EITHER by the sponsor OR each member of a single group of up to 20 visitors. Please attach additional sheets as required.

Personal details			Explosives details			
a. Full name (first name, family name) b. Date and place of birth c. Nationality	Permanent Address	Address of Visitor Whilst in UK	To be Acquired		To be Imported	
			Type (UN No.)	Qty	Type (UN No.)	Qty
a.						
b.						
c.						
a.						
b.						
c.						
a.						
b.						
c.						
a.						
b.						
c.						
a.						
b.						
c.						

23. Has any member of the group been convicted of any offence (including courts **outside** the United Kingdom? YES NO If YES, please give details:

24. Please state briefly the purpose(s) for which the explosives would be required:

25. Do members of the group intend to participate in a recognised shooting competition, historic battle re-enactment or other event? YES NO If YES, please give details:

26. Please specify period for which the visitor requires the Explosive Certificate to be valid:

Date from: / /

Date to: / /

Part D - Details of Acquisitions i.e. either SINGLE or MULTIPLE

27. If a **SINGLE** acquisition is intended please give date of intended acquisition:

Date: / /

Type and quantity of explosives to be acquired:

PLEASE indicate the place at which the explosives are to be used:

28. If **MULTIPLE** acquisitions are intended please give estimated number of intended acquisitions over lifetime of certificate:

Dates on or periods over which acquisitions are intended to take place:

Date from: / / Date to: / /

Type and quantity of explosives to be acquired on EACH occasion:

Place(s) at which explosives are to be used:

29. Please specify arrangements that normally exist to ensure the safety and security of the explosives if they are not used as intended (e.g. in the event of bad weather):

The explosives are: Returned to supplier Destroyed

OR Kept in: A licensed factory Licenced store Premises occupied by the Crown
 Zero separation distance licensed store Other legal place of keeping

Name and address:

Postcode:

Daytime telephone number:

Part B - Details of Acquisitions i.e. either SINGLE or MULTIPLE

Information supplied on this form may be held on computer and applicants are advised that in processing this application background enquiries will be made which may include reference to personal data held on police computers.

I hereby apply to the chief officer of police for an explosives certificate for the acquisition of explosives on behalf of:

- The person named in Part A, question 7 above.
- The persons in the group specified in Part B above.

I declare that the statements made in this form are true to the best of my knowledge and I am aware that it is an offence under Section 33(1)(k) of the Health and Safety at Work etc. Act 1974 to make a false declaration.

I declare that I am resident in the United Kingdom and that I have both knowledge of and control over any occasion when the person to whom this application relates will acquire or use explosives.

IF the application is submitted by a body acting as sponsor:

Position of applicant:

On behalf of and submitted by (name of body):
.....

Usual signature of sponsor:

Date: / /