



APPLICATION FOR A PERMIT TO SELL, STORE OR TRANSPORT EXPLOSIVES COMPANY AND INDIVIDUAL

1. INSTRUCTIONS

- 1.1** If you are an holder of a valid permit to sell, store or transport explosives, you have complete a new application if you want to make the following changes : name of the holder, category of the permit (sell, store, transport), operating location, quantity of explosives or detonators, operation period, magazine or dimensions of the magazine.
- 1.2** The replacement of a permit **to correct** is accepted for a correction that is not mentionned at paragraph 1.1 (writing error at the deliverance of the permit, adress of the holder, change of vehicle on the transport explosives permit.

2. APPLICATION TYPE

<input type="checkbox"/> New permit	
<input type="checkbox"/> Replacement permit	<input type="checkbox"/> To correct <input type="checkbox"/> Lost Event number (file) : <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen Indicate the event number given by the police department where the permit was reported lost or stolen.
<input type="checkbox"/> Company permit (You must be an director or a shareholder listed on annex 1 of the form <i>Application for a general explosives permit – Company</i> (SQ-3104A) or an authorized agent listed on annex 2 of the form SQ-3104A. You must identify yourself at section 4.)	<input type="checkbox"/> Individual permit (go to section 4)

3. COMPANY IDENTIFICATION

Name of the company		
Address (street number, office, street, city, village or municipality)		Main phone number
Province, Country	Postal Code	Other phone number
GENERAL EXPLOSIVES PERMIT OF THE COMPANY	General explosives permit number	Expiration date (yyyy-mm-dd)

4. IDENTIFICATION OF THE APPLICANT

Last name, First name		Date of birth (yyyy-mm-dd)
Address (street number, apartment, street, city, village or municipality)		Main phone number
Province, Country	Postal Code	Other phone number
GENERAL EXPLOSIVES PERMIT OF THE APPLICANT <small>(mandatory for an individual permit)</small>	General explosives permit number	Expiration date (yyyy-mm-dd)

5. CHARACTERISTICS OF THE PERMIT REQUESTED

Note: It is mandatory to complete this form for each permit requested.

REQUESTED QUANTITY	Explosives kg	Detonators
REQUESTED OPERATION PERIOD	From (yyyy-mm-dd)	To (yyyy-mm-dd)

<input type="checkbox"/> SALE	Operating location All sales establishments of the holder					
<input type="checkbox"/> STORAGE <small>Regulation under the Act respecting explosives (C.Q.L.R. c E-22, r.1, sec. 37 and 38)</small>	<input type="checkbox"/> Determined location	Operating location				Municipal code
	<input type="checkbox"/> Variable location	Operating location Province of Québec				
	<input type="checkbox"/> Immediate use	Operating location				Municipal code
	<input type="checkbox"/> Temporary	Operating location: Province de Québec				
<input type="checkbox"/> TRANSPORT	<input type="checkbox"/> Public road or <input type="checkbox"/> Private property	Operating location Province of Québec	<input type="checkbox"/> Pyrotechnic items	<input type="checkbox"/> Mini explosives magazine	Gross vehicle weight rating (GVWR) kg	Actual vehicle weight kg
	Licence plate no.	Make	Year	Serial number	Vehicle no.	

Dimensions				SQ plate identification	
Length: _____ m	Width: _____ m	Height: _____ m	SQ		

6. STATEMENT OF THE APPLICANT

I commit to pay the required fees for the issuing of an explosives permit as per the *Regulation under the Act Respecting Explosives* (C.Q.L.R. c. E-22, r.1, sec. 13.2 or 13.3). These fees **must** be paid at the issuing of the permit (*Act Respecting Explosives*, C.Q.L.R. c. E-22, r.1, sec. 12)

Signature	Date (yyyy-mm-dd)
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7. RESERVED FOR THE INSPECTOR OF EXPLOSIVES

CRPQ check		Application for a company The applicant is on the list of authorized persons:			
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Yes <input type="checkbox"/> No (Application denied.)				
Issued permit number			Permit number to be replaced		
Signature	Badge number	Unit	Date (yyyy-mm-dd)		