



APPLICATION FOR A LICENCE TO USE, ETC, CONTROLLED EXPLOSIVES PRECURSORS

THE CONTROL OF EXPLOSIVES PRECURSORS ETC. REGULATIONS
(NORTHERN IRELAND) 2014

Applying for: Further Grant of a licence to deal with a Tier 1 substance

Instructions for completion

You are required to apply for a licence using this application if:

Tier 1 Substances

1. You are an individual or an organisation.
2. You are acting for private purposes or business purposes; and
3. You want to manufacture, supply, acquire, possess, use, or bring into Northern Ireland:

ammonium nitrate
calcium ammonium nitrate
sodium chlorate
potassium nitrate or
sodium nitrate

In concentrations prohibited by the Control of Explosives Precursors etc. Regulations (Northern Ireland) 2014.

Tier 2 Substances

1. You are an individual.
2. You are acting for private purposes; and
3. You want to manufacture, supply, acquire, possess, use, or bring into Northern Ireland:

hydrogen peroxide
nitromethane
nitric acid
potassium chlorate
potassium perchlorate or
sodium perchlorate

In concentrations prohibited by Regulation (EU) No 98/2013 on the marking and use of explosives precursors.

Sections 1 and 2 of the application may be completed electronically or by hand, but the declaration in section 3 must be signed by the applicant (and, where an application is made by an organisation, by the Responsible Person). Electronic signatures are acceptable.

SECTION 1: APPLICANT DETAILS

**Box A below is only required to be completed where the application is made by an organisation.*

Box A: Organisation Details
1. Name:
2. Registered name (if different):
3. Address of principal place of operations:
4. Registered address (if different):
5. Telephone number:
6. Email address:

**Box B below must relate to either the individual applicant, or, in the case of an organisation, the person within the organisation who will be responsible for the explosives precursors.*

Box B: Details of individual applicant <u>or</u> Responsible Person within the organisation
7. Name:
8. Previous surname(s) (if applicable):
9. Home address:
10. Previous home addresses over the last ten years:
11. Home telephone number:
12. Mobile telephone number:
13. Email address:
14. Date of birth:
15. Place of birth:
16. Nationality:
17. Occupation:
18. Job title (if different):
19. Have you been convicted of any offence? (if so, please provide all details on a separate page):
(For renewal please give details of any convictions since the current licence was issued)



20. If you have at any time had an application for a licence for any tier 1 or tier 2 substance refused or a licence revoked or partially revoked, please give details:

21. Do you currently suffer from any serious medical condition including any alcohol or drug related condition, which is controlled by prescription medicines?

No: Yes:

If yes please give details:

22. Have you ever attended a medical professional in the last 5 years for treatment of depression or other kind of mental or nervous condition?

No: Yes:

If yes please give details:

23. Please give details of your current GP.

Name:

Address:

24. I hereby give permission for the Northern Ireland Office to approach my GP to obtain factual details of my medical history.

Usual Signature:

Date:

**Box C below is only required to be completed where the applicant in Box B is under the age of 18.*

Box C: Details of the Parent or Guardian of an applicant under the age of 18

25. Name:

26. Relationship to applicant:

27. Home address:

28. I hereby give permission for the applicant named above, for whom I have parental responsibility, to apply for a licence.

Usual Signature:

Date:



SECTION 2: DETAILS OF SUBSTANCES, USE AND

STORAGE

Please complete the following in relation to each substance to which the application relates.

<i>Question</i>	<i>Substance 1</i>	<i>Substance 2</i>	<i>Substance 3</i>
29. Name of substance			
30. Quantity which will normally be ordered			
31. Likely frequency of order			
32. Purpose for which substance is required			
33. Place of proposed use			
34. Estimated rate of use (daily, weekly, etc.)			
35. Place of storage			
36. Type of storage			
37. Period for which licence is required (if less than 3 years)			

SECTION 3: DECLARATION

- I declare that the statements made on this form are true. I understand that it is an offence for any person to knowingly or recklessly make a statement which is false in an application for a licence or in response to a request by a police officer or the Secretary of State for additional information relating to an application.
- I understand that I (or the responsible person in my organisation) will be subject to a check of police records and that my details will be held on electronic files and processed in accordance with the Data Protection Act 1998.
- I understand that it is an offence to fail to comply with the conditions of a licence granted or with any of the provisions of the Control of Explosives Precursors etc. Regulations (Northern Ireland) 2014.
- I declare that the information which I have given is correct. I agree to the above information being shared with any other Government organisation(s) (including PSNI) relevant to the processing of my application.



Signature of applicant: _____

*Signature of responsible person: _____
(*Required only if applicant is an organisation)

* Signature of parent or guardian of applicant: _____
(* Required only if applicant is under 18)

Date: _____

When completed, this application form should be forwarded for the attention of:

**Northern Ireland Office
NSCP SPG
7th floor, Erskine House,
20-32 Chichester Street
Belfast
BT1 4GF**

A word doc version is available on request. Please email TheSecretary@nio.gov.uk to obtain this.

You may send a copy of the completed application form by email to TheSecretary@nio.gov.uk, together with any scanned supporting documents.

Before submitting the application form ensure you have:

- Indicated the type of licence you are applying for (Page 1)
- Completed the name of the substance(s) the licence is required for (Question 29)
- Completed all applicable questions in Section 1, Section 2 and Section 3
- Made payment by BACS if possible or have enclosed a cheque for the appropriate fee
- Enclosed a copy of valid photographic ID (if applicable; should the Responsible Person remain the same and it is a renewal you do not need to do this)
- Included all pages of the form
- Signed and dated where applicable