



**APPLICATION FOR PERMIT TO IMPORT
EXPLOSIVES
(In Accordance with the Explosives Act Chapter 16:02)**

I, the undersigned, hereby apply for a permit to import the following commercial explosives into the Republic of Trinidad and Tobago. The details which are given below are, to the best of my knowledge, true and correct.

- (i) Name in full of applicant
- Residential Address
- Date of Birth (Applicant must be at least 18 years of age).....
- Proof of Identity (I.D. Card/Driver's Permit/Passport)
- No.....
- Issue Date Expiry Date

- (ii) Name of Organisation
- Registered Address
- Contact Information
- Postal address
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- (iii) Proof of being a licensed wholesale dealer:
- Licence No.
- Issue Date Expiry Date

- (iv) Details of last Import Licence:
- Name on Licence.....
- Licence No.
- Issue Date Expiry Date

(v) Quantity, Item and Description of the explosives to be imported:

Quantity	Item	Description

(vi) Country from which explosives are to be imported

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(vii) Name of supplier of the explosives

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(viii) The purpose for which the explosives are to be used

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(ix) Where the explosives are to be used

(x) Place in the Republic of Trinidad and Tobago where explosives are to be unloaded

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(xi) Location of the licenced magazine or authorised storage box in which explosives are to be stored

Declaration

I have not ever been found guilty of an offence under any relevant Occupational Safety and Health or Explosives Legislation

OR

I have been found guilty of an offence under relevant Occupational Safety and Health or Explosives Legislation and provide the details of every such findings as follows including:-

when and where it occurred, and

details of the offence in respect of which it occurred, and

a brief description of the circumstances of the offence

- I have not ever previously had a licence or approval suspended or cancelled under any relevant Occupational Safety and Health or Explosives Legislation
- OR*
- I have previously had a licence or approval suspended or cancelled under a relevant Occupational Safety and Health or Explosives Legislation and provide details of the suspension or cancellation (stating which) as follows:



I, _____ declare that all the information contained in and accompanying this application is, to the best of my knowledge, true and correct.

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Date

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Signature of Applicant