Application for a licence to use, etc, controlled explosives precursors

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

APPLICATION FOR EXPLOSIVE PRECURSOR LICENCE

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:

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| **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).

**Section 1: Applicant Details**

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

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| ***Box A: Organisation Details*** |
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| |  | | --- | | ***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: | |
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*\*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.*

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| ***Box B: Details of individual applicant or 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 give 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.*

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| ***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.*

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| --- | --- | --- | --- |
| *Question* | *Substance 1* | *Substance 2* | *Substance 3* |
| 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**

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| — 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.  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 to **The Northern Ireland Office, Protective Security and Resilience Team, Stormont House Annexe, Stormont Estate, Belfast, BT4 3SH**.

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
* Enclosed a cheque or postal order for the appropriate fee
* Enclosed a copy of valid photographic ID
* Included all pages of the form
* Signed and dated where applicable

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| **FOR POLICE USE ONLY** |
| To: Northern Ireland Office  \*I recommend a licence be granted to manufacture, supply, acquire, possess, use, or import into Northern Ireland:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Quantity) (Substance)  \*I do not recommend this application and attach a separate report.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PSNI Explosives Officer  (*\*Delete as appropriate*) |