This application form is for use only: (a) where the applicant is applying for those explosives items that are for use solely in their firearms and/or shotguns; or (b) the acquisition of blackpowder (gunpowder) in connection with re-enactments, where the applicant is not required to hold a certificate under the Firearms Acts. Any person requiring additional explosives that do not fulfil this purpose must complete a form ER 4.

This form is for your use as an individual, and is not applicable to clubs, societies, or any body corporate. Please complete Part A and those Parts indicated against your choice of a certificate either to Acquire Only or to Acquire & Keep.

Please note that the information provided in this application may be held on and verified by reference to other information held on computers.

The address of any place where explosives are kept may be made available to the appropriate Fire Authority, for fire fighting purposes only, where such an arrangement has been agreed with the Chief Officer of Police.

Applicants should familiarise themselves with the requirements of the Explosives Regulations 2014. Your attention is drawn specifically to the prohibition, which applies to certain persons having use, possession, control of and/or access to any explosives.

Please answer all questions, if they are not applicable to your particular application, either strike them out or enter “N/A”. Applications should be completed in ink or by any typing medium.

Where any question makes reference to “see note...” this information can be found on page 6. Additional advice is available from your local police Explosives Liaison Officer.

Note: *- where this symbol appears, please delete that which is not applicable to your application.
Part A – Details of Applicant

Surname…………………………………………………………..Title (Mr, Mrs, Ms, etc)………………

Forename(s)………………………………………………………………………………………………..

Date & Place of Birth…………………………………………………………………………………….

Previous names (If any)……………………………………………………………………………………

Address……………………………………………………………………………………………………

………………………………………………………………………………………………………………..

Postcode………………………..Telephone number (Day)………………………..(Evening)………….

Previous Addresses in the last 5 Years………………………………………………………………

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

I am making an application for the *Grant / *Renewal of an explosives certificate to:

* (a) Acquire Only (Complete Parts B & D of the Application)

* (b) Acquire and Keep (Complete Parts C & D of the Application)

Please complete the appropriate details below:-

Firearm Certificate Number………………Date of Issue………………Date of Expiry…………….…..

Issuing Force………………………………………………………………………………………………..

Shotgun Certificate Number………………Date of Issue……………… Date of Expiry……………..

Issuing Force………………………………………………………………………………………………..

GENERAL INFORMATION

1 Have you ever been convicted of any offence (See Note 1)……………………………..Yes / No

If Yes, please give details. (If this is an application to renew an explosives certificate, then you need only enter convictions since the last certificate was issued)

<table>
<thead>
<tr>
<th>Date</th>
<th>Court</th>
<th>Offence(s)</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Do you suffer from, or have you ever had any form of mental illness, depression, epilepsy or other form of involuntary convulsive disorder…………………………………………Yes / No

If you answer Yes to the above, please give details in the following box and provide the information about the medical practitioner who is/was dealing with your condition.

General Practitioner, Specialist Consultant’s Name…………………………………………
Address…………………………………………………………………………………………………

I hereby give permission for the police to approach my General Practitioner and or Specialist Consultant to obtain factual details of my medical history

(Signed)…………………………………………………………(Date)………………………………..

Previous Explosives Certificates and Applications:

3. Have you ever had an application for any explosives licence or certificate refused or revoked……….Yes / No

If Yes, Please enter details of:-

Date of refusal/revocation

Authority refusing or revoking

4. Have you ever held an explosives certificate under these Regulations or any of the certificates issued under the former provision of the Control of Explosives Regulations 1991…..Yes / No

If yes, please complete the following:

Date of last certificate……………………Issuing authority…………………………………………

Explosives authorised and purpose

If you have never had any certificate, please detail your experience in the use, handling of explosives
Purpose for which the explosives are required  *(Tick as required)*

<table>
<thead>
<tr>
<th>Use in muzzle loading firearms</th>
<th>Use in muzzle loading shotguns</th>
<th>Use for the reloading of ammunition</th>
</tr>
</thead>
</table>

Indicate the explosives required –

<table>
<thead>
<tr>
<th>Relevant Explosives <em>(Tick rows required)</em></th>
<th>U.N. No</th>
<th>“√”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackpowder (Gunpowder)</td>
<td>0027, 0028</td>
<td></td>
</tr>
</tbody>
</table>

*(There is no need to include in the above those explosives items, e.g smokeless powder and small arms primers, for which an explosives certificate is not required)*

## 5  Part B – For a certificate to Acquire *but not keep* explosives

Dates between which the explosives certificate is required

Total number of acquisitions to be made during this period

Purpose for which the explosives are required

Place(s) where the explosives are to be used

Amount of explosives required on any one occasion – (weight or number of items)

Please state below how any unused explosives are to be disposed of: *(See Note 3)*

- By return to supplier *(give details)*
- By placing in a licensed store at:  
  - By destroying *(give method, location and estimated time of destruction)*
- Return to the company quartermaster / appointed powder officer
6 Part C – For a certificate to Acquire and Keep explosives

Place where the explosives are to be kept *(See Note 4)*

*HSE Licensed storage place or place of manufacture

*Police Licensed Store, limited to ……….Kgs

*Other legal place of storage

At:
Address

Postcode

Details of present or previous Licence/Registration for a place of keeping, where applicable

Dates of Validity of current or last/previous licence or registration

Licence Number *(If applicable)*

Issuing Authority

Location of place of keeping if different to that given above

7 Part D – To be completed by all applicants

I hereby apply to the Chief Officer of Police for the *Grant / Renewal of an Explosives Certificate for the acquisition of explosives / acquisition and keeping of explosives.*

I declare that I am not a prohibited person as defined in Regulation 2 of the Explosives Regulations 2014 and the statements made in this form are true to the best of my knowledge and belief. I am aware that it is an offence under Section 33(1) (k) of the Health & Safety at Work etc Act, 1974, to make a false declaration.

I have read and understand the disclosures that may be made of the information I have provided in this application.

Usual signature of applicant…………………………………………………………………………………………

Date……………………………………
Notes:

1. Offences, which would otherwise be spent for the purposes of the Rehabilitation of Offenders Act 1974, must be declared on this form.

2. The maximum period for an Acquire Only certificate is 5 years.

3. An Acquire Only certificate allows for the explosives to be acquired and possessed but not kept. Where the destruction of any surplus is proposed, the enforcing authority may wish to observe this procedure.

4. Applicants should list all places of keeping. The details on limits will be found by referring to the licence issued under the Explosives Regulations 2014. At an unlicensed place of keeping, the explosives permitted and amounts are found in Regulation 7(2) of the Explosives Regulations 2014. No other classes of explosives may be kept at these premises.