

REPUBLIC OF KENYA
Explosives Act Cap 115

Form No. 11A

Application Form: Authority to use Blasting Explosives

Section 1 - Applicant Details

Name of Applicant _____			
Address _____			
P. O. Box _____	Code _____	Town _____	County _____
Telephone No. _____	Cell Phone No. _____	E-mail address _____	

Section 2 - Project Details

<u>Project Type</u>	
Quarry <input type="checkbox"/>	Civil works <input type="checkbox"/>
Exploration <input type="checkbox"/>	Others _____
Exploration <input type="checkbox"/>	
Project Location _____	County _____ L/R No. _____
Police Area (OCS) _____	
Duration of the Project _____	
Appointed Blaster for the project _____	

Attachments(Uploads)

1. Proof of land ownership
2. Single business permit
3. EIA Report/License
4. Contract document

Signature and official stamp of applicant

Date