

**REPUBLIC OF KENYA
Explosives Act Cap 115**

Form No. 3A

Application Form: License to Store Blasting Explosives

Section 1 - Applicant Details

Name of Owner _____
 Physical Address _____
 P. O. Box _____ Code _____ Town _____ County _____
 Telephone No. _____ Cell Phone No. _____ E-mail address _____
 Name of Appointed Explosives Manager (under rule 49) _____
 Situation of Explosives Magazines _____
 Police area _____

Section 2 - Application Details

Please tick the type of the license you wish to apply for

A new explosives site licence

Renewal of an existing licence

Variation of an existing licence

Reasons for variation _____

Previous licence number _____

Previous licence number _____

No. of separate Buildings _____

Indicate the maximum amount of Explosives required to be stored in each building below

Description	Magazine A	Magazine B	Magazine C	Magazine D	Magazine E
Gelignite					
Detonating cord					
Plain Detonators					
Electric Detonators					
Electronic Detonators					
Ammonium Nitrate					
Detonating Relays					
Cast Boosters					
Safety Fuse					
Nonels					
Black Powder					
Igniter Cord					
Any other(specify)					

Attachments(Uploads)

1. Magazine site plans
2. Magazine designs

Signature and official stamp of applicant

Date