

REPUBLIC OF KENYA
EXPLOSIVES ACT CAP 115

Application Form
License to Deal in Explosives

Form No. 6A

Section 1 - Applicant Details

Name of Applicant (as displayed on the certificate of incorporation) _____

Physical Address _____

P. O. Box _____ Code _____ Town _____ County _____

Telephone No. _____ Cell Phone No. _____ E-mail address _____

Certificate of Registration Number _____ KRA PIN _____

Section 2 - Application Details

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

A new Explosives Dealership Licence

Renewal of an existing Explosives Dealership Licence Previous licence number _____

Variation of an existing Explosives Dealership Licence Previous licence number _____

Reasons for variation _____

List the names in full for each person listed as director(s), or owners(new applicants)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

A security assessment form must be attached for each person above(for new applicants)

Section 3: Explosives Details

Location of storage facilities _____

Police Area _____

Description	Maximum Quantity to be kept for the purpose of sale
Gelignite	
Detonating cord	
Plain Detonators	
Electric Detonators	
Electronic Detonators	
Ammonium Nitrate	
Detonating Relays	
Cast Boosters	
Safety Fuse	
HTDs	
Surface Connectors	
Black Powder	
Igniter Cord	
Any other(specify)	

Attachments(Uploads)

1. Proof of land ownership 2. Certificate of incorporation 3. Magazine designs 4.Site plan

Signature and official stamp of applicant

Date