## REPUBLIC OF KENYA Explosives Act Cap 115

Form No: 8

Signature and official stamp of applicant

**Application Form: Permit to use Blasting Explosives** 

Section 1 - Applicant Details	
Name of Applicant	
P. O. BoxCodeTown _	County
Telephone NoCell Phone No	E-mail address
ID Card/Passport No	Nationality
Place of Birth	Gender
Section 2 - Application Details	
Please tick the type of the license you wish to apply for A new permit	
Renewal of an existing permit	
Previous permit number	Place and date of issue
Section 3 - Requirements	
Academic Certificate	
Name of a blasting permit holder that you trained under(new	applicant)
Permit Number and date	
Period a under which you have worked under supervision	
(Attach reference letter	
Section 4 - Security Clearance	
Certificate of Good Conduct ref Number from the CID	
Has your permit ever been cancelled or suspended?	Yes No
If yes, give details	
Have you ever been convicted of any offence under the Occupa Explosives Act Cap 115 Laws of Kenya or any other relevant law If yes, give details details of the date of conviction, Nature of the	ws in Kenya in the last 10 years?
Section 5 - Medical State	
Do you have any of the following medical conditions?	
Visual impairment Yes No	
Hearing impairment Yes No	
Epilepsy(Kifafa) Yes No	
Why do you want a blasting permit?	
Declaration	
I hereby declare that;  1. The information contained in this form is true to the best of my know	vledge and,
2. Am aware that if issuing authority is notified by security authorities of a change in my security status the permit may be suspended or cancelled and my employer ma be notified.	
3. I agree to comply with the Explosives Act, the Mining Safety Regulations and all conditions of the permit if this application is successful.	
Attachments(Uploads) 1. Copy of National ID/Passport 2. Certificate of Good Conduct(curre 5. Recommendation letter from trainer	ent) 3. Passport size photo 4.Academic Qualification

Date