

HEALTH AND SAFETY AT WORK ETC ACT 1974  
CONTROL OF EXPLOSIVES REGULATIONS 1991

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

**APPLICATION FOR GRANT OF AN EXPLOSIVES CERTIFICATE  
TO THOSE RESIDENT OUTSIDE THE UNITED KINGDOM**

**THIS FORM HAS BEEN APPROVED BY THE HEALTH AND SAFETY EXECUTIVE.**

Throughout this form, 'person' covers individuals and bodies both corporate and unincorporated; 'address' should be taken as referring (when appropriate) to the address of a body's registered or principal office. The person making the application on behalf of a visitor or visitors, is referred to in this form as the 'sponsor'.

- |        |   |
|--------|---|
| PART A | To be completed by the sponsor                              |
| PART B | To be completed in relation to : An individual visitor , OR |
| PART C | each member of a group of up to 20 visitors (*)             |
| PART D | Details of acquisitions - i.e, SINGLE or MULTIPLE           |
| PART E | Declaration   |

(\*) Who will be either using explosives for sporting purposes during the same period, or participating in the same competition or event or series of competitions or events.

1. PLEASE COMPLETE THIS FORM, USING BLOCK CAPITALS ( EXCEPT FOR SIGNATURES ), AND EITHER :

- a) TYPE, OR
- b) WRITE USING INK

2. PLEASE READ THE ATTACHED NOTES, TO HELP YOU COMPLETE THE FORM. ( If there is insufficient space to answer any question fully, please supply the information on a separate sheet of paper. )

**This space is for police use only**

**PART A**

**To be completed by the sponsor**

1. Full name of sponsor : Surname   
( SEE NOTE 3 a ) Forename(s)

Date and place of birth Date:  /  /  Place :

2. If at any time the sponsor has used a name or names other than that given in ( 1 ) above, please give details (including in the case of a married woman, surname before marriage) :

3. Address of sponsor : ( SEE NOTE 3b )

County

Postcode  Daytime tel no

4. Please give details of any previous police certificate or licence for acquisition / keeping of explosives issued to sponsor : Date :  /  /

TYPE OF CERTIFICATE / LICENCE

ISSUING POLICE FORCE

5. Is the sponsor submitting this application as representative of a shooting, battle re-enactment or similar type of organisation ? (SEE NOTE 12 ) Please tick box  
YES  NO

If YES, please give details  
NAME OF ORGANISATION

POSITION HELD / FUNCTION

DETAILS OF VISITORS PERMITS APPLIED FOR / GRANTED

NAME OF ISSUING POLICE FORCE

6. Is the trade or business of the sponsor linked to this application ? Please tick box  
YES  NO

If YES, please give details of business

**PART B**

**TO BE COMPLETED IN RELATION TO : AN INDIVIDUAL VISITOR**

7. Full name of visitor Surname

Forename(s)

8. Date and place of birth Date :  /  /  Place :

9. Nationality

10. Permanent address

Daytime telephone no

11. Address of visitor whilst in the United Kingdom

County

12. Has the visitor been convicted of any offence ( including by Courts outside the United Kingdom ) ? Postcode  Daytime tel no

(SEE NOTE 13)

Please tick box  
YES  NO

If YES, please give details

13. Please state briefly the purpose(s) for which the explosives would be acquired :

Please tick box  
YES  NO

14. Does the visitor intend to participate in a recognised shooting competition, hunt, or other event ?  
If YES, please give details :

15. Please give details of any experience of visitor in the handling of explosives :

( SEE NOTE 14 )

16. Please give expected date of visitors arrival in the United Kingdom

Date

/ /

17. Please specify the period for which the visitor requires the Explosives Certificate will be valid ( SEE NOTES 15 and 16 )

(From )

Date

/ /

(To)

Date

/ /

Please tick box

18. Does the visitor intend to import any explosives into the United Kingdom at the same time as visiting ?

YES

NO

If YES, please give details

19. Has an import licence been obtained ?

( SEE NOTE 17 )

Please tick box

YES

NO

If YES, please give details:

20. Does the visitor intend to export any explosives from the United Kingdom when the visit is at an end ?

Please tick box

YES

NO

If YES, please give details :

21. Has an export licence been obtained ?

( SEE NOTE 18 )

Please tick box

YES

NO

If YES, please give details :

## PART C

**22. To be completed EITHER by the sponsor OR each member of a single group of up to 20 visitors. Please attach additional sheets as required**

Personal details			Explosives			
a. Full Name (Forename, Surname) b. Date and place of birth c. Nationality	Permanent Address	Address of visitor whilst in UK	To be acquired		To be imported	
			Type	Quantity	Type	Quantity
a.						
b.						
c.						
a.						
b.						
c.						
a.						
b.						
c.						
a.						
b.						
c.						
a.						
b.						
c.						

23. Has any member of the group been convicted of any offence (including by Courts outside the United Kingdom)?

Please tick box

YES  NO

If YES, please give details :

24. Please state briefly the purpose(s) for which the explosives would be required :

25. Do the members of the group intend to participate in a recognised shooting competition, hunt, or other event ?

Please tick box

YES  NO

If YES, please give details :

26. Please specify the period for which the Explosives Certificates need to be valid : ( **SEE NOTES 15 and 16** )

(From)

(To)

Date

/ /

Date

/ /

**PART D**

**Details of acquisitions - i.e, either SINGLE or MULTIPLE**

27. If a SINGLE acquisition is intended, please give :

DATE OF INTENDED ACQUISITION :

/ /

TYPE AND QUANTITY OF EXPLOSIVES TO BE ACQUIRED

If the explosives are to be used , PLEASE INDICATE THE PLACE AT WHICH THE EXPLOSIVES ARE TO BE USED

28. If MULTIPLE acquisitions are intended, please give :

ESTIMATED NUMBER OF INTENDED ACQUISITIONS OVER LIFETIME OF CERTIFICATE

DATES ON OR PERIODS OVER WHICH ACQUISITIONS ARE INTENDED TO TAKE PLACE

(From) (To)

Date / /

Date / /

TYPE AND QUANTITY OF EXPLOSIVES TO BE ACQUIRED ON EACH OCCASION

PLACE(S) AT WHICH EXPLOSIVES ARE TO BE USED

29. Please specify arrangements that normally exist to ensure the safety and security of the explosives if they are not used as intended (e.g., in the event of bad weather) :

Please tick box : The explosives are :

Returned to supplier

Destroyed

OR

KEPT IN :

A licensed factory

Store

Licensed magazine

Premises occupied by the Crown

Registered premises

AT

Name and Address

County

Postcode

Daytime Tel no.

**PART E**

**DECLARATION**

I hereby apply to the chief officer of police for an explosives certificate for the acquisition of explosives, on behalf of : ( \* - Delete as appropriate )

( \* The person named in part A, Q.7, above / the persons in the group specified in part B, above )

*I declare that the statements made in this form are true to the best of my knowledge and I am aware that it is an offence under section 33 (1) (k) of the Health and Safety at Work etc Act 1974 to make a false declaration.*

*I declare that I am resident in the United Kingdom and that I have both knowledge of and control over any occasion when the person to whom this application relates will acquire or use explosives.*

I the application is submitted by a body acting as sponsor :

POSITION OF APPLICANT .....

ON BEHALF OF, AND SUBMITTED

BY ( Name of Body ) : .....

USUAL SIGNATURE OF SPONSOR .....

DATE : ...../...../.....



# CONTROL OF EXPLOSIVES REGULATIONS 1991

## NOTES FOR COMPLETION OF FORM COER 2

(Those notes that do not relate to the completion of this form have been omitted)

### NOTE:

1. You should send your completed application form(s) relating to acquisition only, to the Chief Constable for the area in which the sponsor resides, If the sponsor is a body corporate then the application should be to the Chief Constable for the area in which the registered or principal Office is situated.
- 2 You should send completed application forms to the appropriate Chief Constable so as to allow adequate time for them to be processed. A minimum of 30 days should normally be allowed.
- 3(a) (Q.1) In the case of a body corporate, its name should be entered under 'Surname'.
- 3(b) (Q.3) In the case of a body corporate, the address of its registered or principal office should be entered here.
12. (Q.5) This question relates to visitors or groups of visitors who have made an application for or been granted visitors firearm or shotgun permits under section 17 of the Firearms (Amendment) Act 1988.
13. (Q.12) : In the case of a body corporate, you should say whether or not any individual from that body visiting this country has been convicted of any offence (including by Courts outside United Kingdom))
14. (Q.15) : In the case of a body corporate, you should give details relating to experience in the handling of explosives possessed by any individual from that body who is visiting the country.
- 15 (Q.17.26) Please note that issue of acquire only certificates will normally be restricted to circumstances where activities involving explosives are short lived.
- 16, (Q.17.26) The maximum lifetime of any Explosives Certificate is 5 years.
17. (Q. 19) You can obtain an import licence from: -  
  
Health and Safety Executive  
Explosives Inspectorate  
1.2, Redgrave Court  
Menton Road  
BOOTLE  
Merseyside, L20 7HS  
  
(Tel: 0151 951-4874 or 3655)
18. (Q. 21) : You can obtain an export licence from :-  
  
Department for Business Enterprise & Regulatory Reform  
Export Control Organisation  
1, Victoria Street  
LONDON, SW1H 0ET  
  
(Tel: 0207 – 215 – 8070)  
[www.spire@berr.gov.uk](mailto:www.spire@berr.gov.uk)