

**Controlled Substances Licence**

# **Application form**

**for Class 1 Explosives**

pursuant to Section 94B of the Hazardous Substances and New Organisms (HSNO) Act 1996.

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ENVIRONMENTAL RISK MANAGEMENT AUTHORITY  
NGĀ KAIWHAKATŪPATO WHAKARARU TAIAO



ER-AF- CSL - 05-1 07/09

# Note for Applicants

- how to complete this form

**Before you start the application process** it is recommended that you look at the Controlled Substances Licence (CSL) Applicant Guide (ER-UG-CSL-02-4 07/09). The process can take some time so you need to plan carefully.

This form is used for both an application for a CSL for Explosives, and any future renewals.

Complete in your own handwriting and in BLOCK letters

Instructions for completing each section are shown in the left hand column. Further information is available in the CSL Applicant Guide.

Ensure the whole form is completed and attach all supporting documents and the fee.

The application is made through a Test Certifier. A list of Test Certifiers can be found at

<http://www.ermanz.govt.nz/find/TestCertifierSearch.aspx>

*This form was approved by the General Manager Hazardous Substances, ERMA New Zealand on 14 August 2009*

<b>ERMA Use Only:</b>	FA <input type="checkbox"/>	PC <input type="checkbox"/>	Licence Number:
<b>Test Certifier Use Only:</b>	Applicant Name:		
<b>Consent to Disclose Form</b> sent to ERMA NZ on / /		Fit and Proper Person results received on / /	
Correct licence requirements completed	<input type="checkbox"/>	<b>Trusted referee</b> meets criteria	<input type="checkbox"/>
Copy of "D" endorsed Drivers Licence attached (if needed)	<input type="checkbox"/>	<b>Declarations signed</b> by applicant & referee	<input type="checkbox"/>
Approved Handler Certificate sighted, copy attached	<input type="checkbox"/>	Signed Consent to Disclose Form attached	<input type="checkbox"/>
<b>Applicant aged</b> 17 years or over	<input type="checkbox"/>	<b>Behaviour History</b> supporting evidence attached	<input type="checkbox"/>
Evidence of Identity provided: -Original documents sighted & returned -Verified copy of 3 identity documents attached -Photos provided (one signed by trusted referee)		<b>Work requirement</b> supporting material attached	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Application sent</b> to ERMA New Zealand on / /	
	<input type="checkbox"/>	Test Certifier records updated	<input type="checkbox"/>
Test Certifier name:	Test Certifier Signature:		

# Section A – Licence Requirement Details

## 1. Licence Required

*This section should be completed in discussion with your Test Certifier.*

*Tick only the substance and lifecycle phase(s) required.*

*A CSL can only be issued for those explosives and lifecycles listed on your approved handler certificate.*

*Add in the specific classes you are approved for on the approved handler certificate.*

*The CSL requirement is only for Class 1 Explosives. Do not include Class 5 substances.*

*For exceptions to a CSL requirement see the Applicant Guide.*

Industry Type	Explosives Classes <sup>2</sup>	Lifecycle/s					
		Manufacture / Use in manufacture	Sale	Disposal	Storage	Use	Transport
Wholesaler/ Warehousing							
Quarrying							
Mining - metalliferous							
Mining - coal							
Tunnelling							
Land Operations							
Construction / Demolition							
Underwater							
Oil industry							
Pyrotechnics							
Pyrotechnics – special effects							
Propellants							
Transport							
Other (describe)							
<b>Special conditions:</b>							

## 2. Approved Handler

*Attach a copy of the certificate.*

*Note the expiry date of your CSL will be aligned with the expiry date of your certificate.*

**Certificate Number**

**Expiry date**

Copy of certificate attached

## Section B – Applicant Details

### 3. Name

*This should be your full names as recorded on your birth certificate, unless your name has been legally changed.*

#### Applicant Name

--

*Surname/ Family name*

--	--

*First name*

*Second names*

*Include any other name used now or in the past and reasons for this. Continue on a separate piece of paper if you need.*

#### Other Names Used

--	--	--

*Surname/ Family name*

*Given names*

*Reason for other name*

*Tick this box if you have attached further information.*

### 4. Address

*The CSL will be sent to your postal address.*

*These details are required if we need to contact you about your application.*

#### Applicant's Postal Address


#### Applicant's Residential Address


#### Applicant's Telephone Numbers/ Email

--	--

*Mobile*

*Work*

--	--

*Home*

*Email*

### 5 Age and Gender

*You must be 17 years of age or over to apply for a Licence.*

#### Date of Birth

--

#### Gender:

Male

Female

## Section C – Evidence of Identity

### 6 Identity Documents

*You must provide copies of one (1) primary and two (2) secondary documents. At least one of these should be a photographic identity document.*

*Note that the Test Certifier will need to see both the original and a copy of your identity documents unless the copy has been verified as authentic by the issuing authority.*

*Documents should be current. IRD, Electoral Roll, Utility or Bank account documents must be less than one year old.*

*The documents should show the name that will be recorded on your Licence, unless you provide supporting evidence for another name.*

**You must enclose a copy of one (1) of the following primary documents:** *(tick those you have supplied)*

- New Zealand Firearms Licence
- New Zealand Passport
- Previous CSL
- New Zealand Full Birth Certificate
- New Zealand Citizenship Certificate
- New Zealand Certificate of Identity
- Overseas Passport (with New Zealand Immigration Visa/ Permit)

**You must also enclose a copy of two (2) of the following secondary documents:** *(tick those you have supplied)*

- NZ Drivers Licence
- International Driving Certificate
- Photo ID (Student ID, HANZ 18+ID, Employee ID)
- Community Services Card
- Electoral Roll Confirmation of Enrolment Letter
- IRD Statement
- Utility Account Bill (Power, Gas or Telephone)
- Bank Statement

**Does the name on the identity documents given match the name given in section B?**

- Yes
- No - supporting evidence\* attached

### 7. Photographs

*You must enclose two (2) passport photographs of yourself. One must be signed by your Trusted Referee.*

- Two (2) passport photographs attached**
- One (1) of the photographs has been signed by my Trusted Referee**

### 8. Trusted Referee

*Your Trusted Referee must meet certain criteria and complete the Referee statement: see the Applicant Guide.*

- Trusted Referee Statement (Schedule 1 of this form) completed and attached**

## Section D – Work Assessment

### 9. Employed or Contractor

**\* Supporting material** means a letter from your employer or contracting agency that your work requires you to possess a licensed substance. For a contractor, a copy of the contract is an alternative.

Include the company name if appropriate.

Record contact details for your employer or the contracting agency.

If you have more than one contract, provide details of your primary contracting agency

**Are you applying for a Licence to meet the requirement of your employment or the terms of a contract?**

**No** – see part 10

**Yes** - details recorded below and supporting material\* enclosed

**Employer or Primary Contracting Agency Name**

**Postal Address**

**Mobile Number**

**Work Number**

**Fax Number**

**Email Address**

### 10. Self Employed, Voluntary Work

**\* Supporting material** may include a letter from the chair or a board member of the voluntary organisation,

For more information see the Applicant Guide.

**Are you self employed, or do you work in an area (such as voluntary work or farming) which requires you to hold a Licence?**

**No** – see part 9

**Yes** - details recorded below and supporting material\* enclosed.

**Details**

## Section E – Fit and Proper Person Assessment

### 11. Behavioural History

You do not need to disclose any convictions that are covered by the Criminal Records (Clean Slate) Act 2004. For details see the Applicant Guide.

**If you have ticked any of the boxes** please provide further information on why you should still be considered for a CSL. Details on further information required are contained in the Applicant Guide.

For further information about these questions and reasons that mean that you may not meet the fit and proper person criteria please see the Applicant Guide.

#### Have you any reason to think you may not meet the fit and proper person criteria? (Tick the boxes that apply to you)

- I have court convictions or court orders made against me in New Zealand or overseas;
- I am or have been involved in legal action or criminal investigation in New Zealand or overseas;
- I have had a protection order or orders (including a temporary protection order made against me);
- I have had four or more infringement notices issued against me in the last two years;
- I have had an infringement notice issued against me that relates to my possession or use of a hazardous substance;
- I have a history of violence (whether or not I have been convicted of such an offence);
- I have a history of drug or alcohol abuse (whether or not I have been convicted of such an offence);
- I have been a member or supporter of any group that advocates:
  - the use of violence or criminal activity to achieve its purpose; or
  - undermining the government of any country by illegal means; or
  - violation of the rights of any ethnic, religious or political group.
- Other .....
- None of the above apply to me

Tick here if you have attached additional information

### 12. NZ Police Check

You must attach:  
- a copy of your current valid NZ firearms licence; or  
- a completed Consent to Disclose Information form (provided at the back of this application form).

#### Copy of NZ Firearms Licence attached

Firearms Licence Number \_\_\_\_\_

Firearms Licence Expiry Date \_\_\_\_\_

#### Completed original of Consent to Disclose Information form (ER-TF-01-03 07/09) attached.

## Section F - Declaration

I \_\_\_\_\_ of \_\_\_\_\_  
*Your full name Occupation City, town or district where you live*

declare that the information I have supplied for this application form and the Consent to Disclose Information form is true, complete, and correct, and in my own handwriting.

I acknowledge that it is an offence to provide false or misleading information in order to gain a Licence and if a Licence is obtained by false or misleading information, then the Licence can be suspended or revoked and the person or persons concerned can be fined or imprisoned or both.

I understand that the information I have provided on this form and on any accompanying document, or information which is obtained from other sources is to assist ERMA New Zealand in determining my identity and eligibility for a Controlled Substances Licence in accordance with the Hazardous Substances and New Organisms (HSNO) Act 1996.

I acknowledge that this information will be processed and held by ERMA New Zealand, P O Box 131, Wellington, and that under the Privacy Act 1993 I am entitled to access the information held about me and to ask for correction should that be necessary.

I accept that the information I have provided may be released to:

- any HSNO Enforcement Agency as defined by section 97 of the HSNO Act for the purpose of administering the provisions of the HSNO Act; and
- Any government agency whose legislation requires that the information ERMA New Zealand holds is released to them. For example: Inland Revenue and New Zealand Police.

I consent to ERMA New Zealand making inquiries into my fitness to hold a Licence and to verify any of the information provided by me with the issuing agency or individual concerned, both before and after a Licence has been issued to me. I authorise ERMA New Zealand to release or disclose all relevant information to any person, including the New Zealand Police, for the purpose of issuing, suspending or revoking any Licence which may be issued to me.

I acknowledge that my Licence may be suspended or revoked for any of the reasons specified in sections 6D and 6E of the Hazardous Substances and New Organisms (Personnel Qualifications) Regulations 2001.

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Date signed*

<b>Applicant Self Check</b>		<b>Payment enclosed</b>	<input type="checkbox"/>
<b>Approved Handler Certificate</b> attached	<input type="checkbox"/>	<b>Work requirement</b> supporting material attached	<input type="checkbox"/>
<b>Evidence of Identity</b> provided: -Originals and copies of 3 identity documents -Change of Identity document (if needed) -Photos provided (one signed by trusted referee)		<b>Behaviour History</b> supporting evidence attached (if needed)	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Declaration signed</b>	<input type="checkbox"/>
	<input type="checkbox"/>	<b>Trusted referee</b> statement completed and attached	<input type="checkbox"/>
	<input type="checkbox"/>	Completed <b>Consent to Disclose Form</b> attached	<input type="checkbox"/>

Schedule 1

Trusted Referee Statement

To the Referee: You have been asked to act as a referee for a person applying for a licence to possess Explosives. You must complete this form in your own handwriting. If you cannot provide all the information required below or do not meet the requirements then you should not act as the referee.

1. Referee Identity Details

Surname/ Family Name [input box]

Given/First Names [input box]

Which of these are you?

Table with 3 columns and 4 rows of checkboxes for various professions like registered lawyer, justice of the peace, police officer, etc.

Record the name and address of the business or organisation you work for, if applicable

[input box for business name and address]

2. Referee Identity Document

Please provide details of at least one of the following current identity documents

Passport Number and Issuing Country [input box]

New Zealand Driver's Licence Number [input box]

CSL Number [input box]

Firearms Licence Number [input box]

Other NZ verified identity document [input box]

3. Referee Contact Details

Residential Address

[input boxes for residential address]

Postal Address

[input boxes for postal address]

Home Number [input box]

Work Number [input box]

Mobile Number [input box]

Fax Number [input box]

Email Address [input box]

#### 4 Referee Knowledge of Applicant

How long have you know the applicant?

What is your relationship to the applicant?

#### 5 Signed Photograph of the Applicant

*To be completed by the referee*

I have signed the back of one of the photographs as shown in the example to the right.

Certified true likeness of:  
*Joseph Henry Bloggs*  
(Full name of Applicant)  
***Trusted Referee***  
(Signature of Trusted Referee)

Date: 26 July 2009

#### 6 Referee Declaration

I \_\_\_\_\_ of \_\_\_\_\_  
*Your (the referee's) full name*                      *occupation*                      *City, town or district where you live*

declare that :

- I am over 17 years of age;
- I have known the applicant for at least 12 months;
- I am not a relative or partner of the applicant, living with the applicant, or a test certifier;
- the information I have supplied in this Trusted Referee Statement, is true and correct and is in my own handwriting;
- the photograph I have witnessed is of the applicant named in the application form Section A – Applicant's Details
- the details provided by the applicant in the application form are also, to the best of my knowledge, true, complete and correct.

I understand that it is an offence to make a false declaration, including supplying false or misleading information.

I consent to ERMA New Zealand verifying any of the information provided by me, both before and after a Licence has been issued to the applicant. I authorise ERMA New Zealand to release or disclose all relevant information to any person, for the purpose of issuing, suspending or revoking the applicant's Licence.

\_\_\_\_\_  
*Your (the referee's) signature*

\_\_\_\_\_  
*Date signed*

# Consent to Disclose Information Form

ER-TF-03-01 07/09

Police check for Controlled Substances Licence

**Note to NZ Police:** The applicant is seeking a Controlled Substances Licence for Vertebrate Toxic Agents / Fumigants/ Class 1 Explosives\*

\*(applicant please strike out the substance type(s) that do not apply)

PLEASE PRINT LEGIBLY. YOU MUST COMPLETE EACH SECTION.

## Applicant Names

\_\_\_\_\_  
*Surname/ Family name*

\_\_\_\_\_  
*Given names*

\_\_\_\_\_  
*Other names used*

## Gender

Male

Female

## Date of Birth

## Place of Birth

## Residential Address

\_\_\_\_\_  
*Suburb*

\_\_\_\_\_  
*Town/ City*

## Home Phone

## Mobile Phone

## Work Phone

## Fax Number

## NZ Firearms Licence Number

## Expiry Date

## NZ Drivers Licence Number

## Expiry date

**Note to Applicant:** By signing below, you consent to:

1. the release of the information you provide on this form to ERMA New Zealand and to the NZ Police. The information will be used for the purpose of obtaining a NZ Police check. See clause 6B of the Hazardous Substances and New Organisms (Personnel Qualifications) Regulations 2001;
2. the NZ Police disclosing any information relevant to the Fit and Proper person check to ERMA New Zealand, subject to the Criminal Records (Clean Slate) Act 2004; and
3. ERMA New Zealand disclosing the results of the Fit and Proper Person check to the test certifier/ trainer named below.

I, the undersigned, consent to the use of the information on this form for the purposes described in 1, 2, and 3 above:

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Test Certifier/ Trainer Name:** \_\_\_\_\_

## **The Fit and Proper Person Check involves:**

### **An assessment of any the following matters relating to an applicant**

- court convictions or court orders made in New Zealand or overseas (other than convictions covered by the Criminal Records (Clean Slate) Act 2004).
- legal action or criminal investigation in New Zealand or overseas
- protection order or orders (including a temporary protection order)
- four or more infringement notices issued in the last two years
- any infringement notices issued that relate to possession or use of a hazardous substance
- a history of violence (whether or not convicted of such an offence);
- a history of drug or alcohol abuse (whether or not convicted of such an offence);
- membership of or support for any group that advocates:
  - the use of violence or criminal activity to achieve its purpose; or
  - undermining the government of any country by illegal means; or
  - violation of the rights of any ethnic, religious or political group.

The nature of any issues and when these occurred are taken into account in the assessment. An applicant is asked to provide further information on why they should be considered for a Controlled Substances Licence if any of the above matters apply to them.

### **Advice Provided By the New Zealand Police**

- any information collected in the course of a New Zealand Police investigation that relates to the applicant's conduct
- any matters disclosed to the Authority by the New Zealand Police in relation to the applicant, including any objection to the issue of a licence.

### **Other Information**

- any allegations made by someone concerning a person's suitability to hold a licence. Such allegations will be investigated before they are relied upon.
- if an applicant provides false, misleading or non disclosure of information during the application process the fit and proper person check is likely to be declined unless there is a convincing or reasonable explanation otherwise.

If ERMA New Zealand consider that an applicant may not pass the fit and proper person check, that applicant will be notified and given the opportunity to respond before a final decision is made on whether to issue a CSL.