

Controlled Substances Licence

Application form for Replacement or Extension

for Class 1 Explosives

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ENVIRONMENTAL RISK MANAGEMENT AUTHORITY
NGĀ KAIWHAKATŪPATO WHAKARARU TAIAO



ER -AF- CSL - 02- 4 07/09

Note for Applicants

This form is for replacement or extension of an existing Controlled Substances Licence (CSL) for Explosives. To apply to renew a CSL use ER-AF-CSL-05-1 07/09

To apply to replace a **lost or stolen** CSL, complete sections A, B, D and E.

To apply for an **extension** of a CSL complete sections A, C, D and E.

Complete in your own handwriting and in BLOCK letters.

Instructions for completing each section are shown in the left hand column. The Applicant Guide (ER-UG-CSL-02-4 07/09) gives further information on completing this form and the fees payable.

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

Official Use Only:		
Applicant Name:	Additional Substance:	
Licence Number:	-completed A, C, D and E	<input type="checkbox"/>
Lost or Stolen CSL – completed A, B, D and E	-Approved Handler Certificate attached	<input type="checkbox"/>
Test Certifier Name:	-Work Assessment supporting evidence attached	<input type="checkbox"/>

Section A – Previous or Current Licence

1. Licence Details

These are the name and details that appear on your current or lost CSL.

If you are not sure please record the dates and details as best as you can remember.

A list of explosives and lifecycles which may assist with completing this section is shown at section C3.

Name the test certifier that issued your current or lost CSL.

Surname/ Family name	Given names
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Licence Number	Expiry Date
Substances and Lifecycles Listed	
Test Certifier Name	

Section B – Lost Licence

Strike out this section if not applicable

2. Details of Loss

When and where did you lose your licence

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How did the loss occur

- Misplaced Stolen Held by Police
 Other Damaged (licence enclosed)

Briefly record the details of how you lost your licence

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Have you reported your loss to the police?

- No Yes – copy of police report attached

Section C – Extension of Licence *Strike out this section if not applicable*

3. New Substances

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 ²	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)							
Special conditions:							

4. 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

5 Work Assessment

*** 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.

Employed or Contractor

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

No – see part 6 **Yes** - details shown below and supporting material* enclosed

Employer or Primary Contracting Agency Name

Postal Address

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

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

For more information see the Applicant Guide.

Mobile Number

Home Number

Work Number

Email Address

Self Employed, Voluntary Work

Are you self employed or do you work in an area (such as voluntary work or farming) which requires you to apply for an extension of your Licence?

No – see part 5

Yes - details shown below and supporting material* enclosed

Details

Section D – Applicant Contact Details:

6. Current Details

This is the address where we will send your replacement Controlled Substances Licence.

Postal Address

Mobile Number

Work Number

Fax Number

Email Address

Section E - 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 loss of licence or 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) Amendment Regulations 2004.

Your signature

Date signed

Applicant Self Check		Payment enclosed <input type="checkbox"/>
Replacement Licence – Approved Handler certificate, copy attached <input type="checkbox"/>	Lost Licence – Copy of Police report attached (if available) <input type="checkbox"/>	<input type="checkbox"/>
Replacement Licence – Work requirement supporting material attached <input type="checkbox"/>	Declaration signed <input type="checkbox"/>	<input type="checkbox"/>