

APPLICATION FORM

EXPLOSIVES WORKPLACE LICENSE

APPLICANT

REFERENCE NUMBER

EXPLOSIVES WORKPLACE LICENSE

APPLICATION FORM

PLEASE NOTE

- » Please read the guidance notes (attached at the back) before completing this form
- » You should only use this form if you want to apply for an Explosive Workplace License
- » The information contained in this form may be stored electronically
- » The information may, where appropriate, be shared with other relevant regulatory bodies
- » Please complete this form using either black ink or type.

SECTION A: DETAILS OF THE APPLICANT

(where an application is made on behalf of a company, the name and address of the company should be given)

1. NAME OF THE APPLICANT

2A. COMPANY NAME

2B. COMPANY PHYSICAL ADDRESS

(No, street, city, code)

3. DATE AND PLACE OF BIRTH

(where applicant is an individual)

4. IDENTITY NUMBER

(where applicant is an individual)

5. APPLICANT ADDRESS

(if the applicant is a company, please give the address the registered office)

6. DAYTIME TELEPHONE NUMBER

7. MOBILE NUMBER

8. EMAIL

9. FULL PHYSICAL ADDRESS OF WHERE EXPLOSIVES WILL BE STORED

(include postcode)

10. DO YOU HAVE ANOTHER EXPLOSIVES WORKPLACE AT AN ADDRESS DIFFERENT THAN ABOVE?

Yes No

11. IF YES, PLEASE PROVIDE THE FULL PHYSICAL ADDRESS

(include postcode)

If the applicant is not the one responsible for the Workplace, please give the contact details of the Explosive Manager with management responsibilities of the workplace.

NAME

POSITION

FULL PHYSICAL ADDRESS IF DIFFERENT FROM ABOVE

(include postcode)

CONTACT NUMBER

MOBILE NUMBER

EMAIL

SECTION B: DETAILS OF AN APPLICATION AND SECTION C: SIGNATURE OF THE APPLICANT

[Please tick the box or boxes that apply]

HAVE YOUR COMPANY HAD A PREVIOUS OR REGISTRATION REFUSED OR REVOKED?

Yes No

HAVE YOUR COMPANY BEEN CONVICTED OF ANY OFFENCE UNDER LEGISLATION ON HEALTH AND SAFETY?

Yes No

HAVE YOUR COMPANY BEEN CONVICTED OF ANY OTHER OFFENCE UNDER LEGISLATION RELATING TO THE MANUFACTURE, USE, STORAGE OR TESTING OF EXPLOSIVES?

Yes No

If you have answered "Yes" to any questions above please give date(s) and details, including the licensing authority and penalties.

SECTION C: SIGNATURE OF THE APPLICANT

By signing this form you agree to the information provided, in relation the explosives workplace

SIGNED

DATE

NAME

POSITION/JOB TITLE

ORGANISATION [IF APPLICABLE]

APPLICATION FORM CHECKLIST

CHECKLIST

The completed application form, together with the following documents in support of the application, should be sent to Department of Labour (head office). (Please tick the boxes to confirm the following to be submitted)

	REQUIRED DOCUMENT	YES	NO	COMMENT
1	The zoning letter from municipality			
2	The inspection report from the fire department			
3	The Department of Labour Explosive Manager appointment			
4	The floor plans for the factory/plant: a. Area drawing indicating the complete danger zone and the neighbours b. Danger area drawing indicating the placement of the buildings and the safety distances c. Building drawing including the placement of equipment.			
5	The inspection letter from the SAPS Explosives unit			
6	The dealership license			
7	The criminal clearance letter from CRM			
8	Department of Defence letter (National Arms Conversion Control) NACC			
9	Risk assessment by an approved authority			
10	Type of licenses (schedule I,II,III)			

FOR OFFICIAL USE ONLY

APPLICATION FORM COMPLETED

Yes No

Comment

ALL REQUIRED DOCUMENTATION ATTACHED

Yes No

Comment

SIGNATURE

DATE

WORKPLACE REFERENCE NO:

GUIDANCE TO APPLICANTS

IMPORTANT it is your responsibility to ensure you are aware of, and comply with, the Occupational Health and Safety Act as well as the Explosives Regulation 2002.

The Department of Labour has the power to prohibit an explosive workplace site if it believes is no longer suitable. It may also take enforcement action if the explosives are not being manufactured, used, stored and tested safely at the workplace.

GENERAL INFORMATION ON COMPLETING THE APPLICATION

1. This form should only be used for an application for an explosives workplace.
2. If there is insufficient space to provide the information requested. Please continue on a separate sheet(s). You should also put your name and address at the top of each sheet before attaching the sheet(s) to your application form.
3. Please contact the Department of Labour if you have any questions about completing this form or about your application.
4. Submit the completed forms to dineo.rumani@labour.gov.za or derick.claase@labour.gov.za. You can also address the forms: 215 Francis Baardt Street, Laboria House, Pretoria, 0001

DETAILS ON DOCUMENTATION THAT SHOULD BE SUBMITTED WITH THE APPLICATION FORM

1. THE ZONING LETTER FROM THE MUNICIPALITY

This letter will stipulate proclamation of the area to build the workplace and approval for the keeping of an explosives workplace.

2. THE INSPECTION REPORT FROM THE FIRE DEPARTMENT

The report will be done once the inspector from the fire department inspect the workplace then the fire chief approves.

3. THE DEPARTMENT OF LABOUR EXPLOSIVE MANAGER APPOINTMENT

The application of an Explosive Manager is done by Department of Labour head office. The requirements are as follows:

The CEO (Company) letter of appointment

- This letter needs to stipulate the types of work and the area that the Explosive Manager will be responsible for.

Application letter from the applicant

- This letter is to stipulate which area the applicant is applying for e.g. testing, manufacturing, user, storage etc.

The applicants detailed CV to contain: Certified copies of all certificates must be attached to the CV

- Experience where and in what
- All courses attended
- Qualification Document of Explosive Manager from Unisa or Proof of registration from Unisa
- There must be three signatures on the CV
 - i) The applicant
 - ii) The immediate supervisor
 - iii) The CEO or company Head

The applicant's certified copy of ID

4. THE FLOOR PLANS FOR THE FACTORY/PLANT:

- Area drawing indicating the complete danger zone and the neighbours
- Danger area drawing indicating the placement of the buildings and the safety distances
- Building drawing including the placement of equipment.

5. THE INSPECTION LETTER FROM THE SAPS EXPLOSIVES UNIT

South African Police Service Explosives unit is responsible for the security of explosives in the explosives workplace an inspector from the police department will inspect the explosives workplace and a certificate of registration will be provided.

6. THE CRIMINAL CLEARANCE LETTER FROM CRM

7. DEALERSHIP PERMIT (IF APPLICABLE)

8. RISK ASSESSMENT BY AN APPROVED INSPECTION AUTHORITY (AIA)

The risk assessment must be carried out on all new explosives installations, workplaces, equipment and processes prior to their erection, modifications or change in procedures. It is done by an Approved Inspection Authority.

9. TYPE OF LICENSES (SCHEDULE LICENSE I,II,III)

- Draw up a concept schedule I license for all explosives filled components and explosives that will be manufactured, stored, used or tested in the explosives workplace
- Draw up a concept schedule II license in which the information is provided as required in the Regulations
- Draw up a concept schedule III license in which the information is provided as required in the Regulations.

Layout and design by the Design Studio,
Directorate of Communication, Department of Labour
website: www.labour.gov.za | facebook: Department of Labour | twitter: @deptoflabour



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

