# Application for a licence to

# **CARRY EXPLOSIVES**

*Schedule M (Regulation 7.03(b))*

*Explosives Act 1936*

All information given in and supplied with this application will be treated in confidence

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| APPLICANT DETAILS |

Full name (of applicant)

*Applicant must be the owner of the vehicle concerned*

*Use BLOCK letters*



Occupation / Position title



Company name



ABN (if applicable)



Phone



Physical address



Suburb



Postcode



Postal address, if different from above



Suburb



Postcode



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| VEHICLE DETAILS |

Make of vehicle



Type of vehicle (car, utility, truck etc)



Type of engine (petrol, diesel etc)



Registration number of vehicle



**Attach a copy of registration papers**

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| CARRIAGE DETAILS |

Maximum quantity of explosives carried at any one time

 

For quantities in excess of 60kg, provide description and measurements of box (see Schedule U for details)



If the quantity of explosives exceeds 265kg state whether the requirements for a suitably constructed vehicle have been met



Signature



Date / /

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| LICENCE FEES |

*Current until 30 June 2023. This fee is exempt from GST.*

To carry up to 60kg $42.75

To carry up to 265kg $68.00

To carry up to 1000kg $74.50

To carry over 1000kg $216.00

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| PAYMENT METHOD |

### Apply by email

*Complete cardholder details section.*

Payment method: Credit card only - VISA or MasterCard

Email all documents to: licensing.safework@sa.gov.au

Total file size must be less than 20MB

### Apply by post

**Credit Card**

*Complete cardholder details section.*

Payment method: VISA or MasterCard

**Cheque / Money order**

Make the cheque or money order out to **SafeWork SA**

**Post all documents to:**

SafeWork SA

Licensing Unit

GPO Box 465

ADELAIDE SA 5001

**We do not accept payment by cash.**

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| CARDHOLDER DETAILS |

Please do not provide credit card numbers or CVC / CVV numbers. We will contact you for payment once your application has been assessed.

I authorise SafeWork SA to deduct the amount of:



Name of cardholder



Signature of cardholder



Name of person authorised to approve payment

*If different to cardholder name*



Contact phone for credit card payment



Date / /

Postal/email address for payer

*Receipts will be sent to this address*



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| FOR OFFICE USE ONLY |

**Inspector’s report**

Licence may be issued for a maximum of kg

Licence No:

Expires: / /

Inspector:

Date: / /