



ADDITION OR WITHDRAWAL OF DIRECTORS,
SHAREHOLDERS OR AUTHORIZED AGENTS
GENERAL EXPLOSIVES PERMIT – COMPANY

Note : This form must be filled by an authorized representative of the company (director, shareholder holding 10% or more of the shares with full voting rights or authorized agent). Once the form is completed, the confidentiality rating is applicable.

1. IDENTIFICATION OF COMPANY AND AUTHORIZED REPRESENTATIVE			
1.1 COMPANY			
Name of the company		General explosives permit number – Company	
1.2 AUTHORIZED REPRESENTATIVE OF THE COMPANY			
Last name, first name			
General explosives permit Number – Individual (if applicable)		Date of birth (yyyy-mm-dd)	Phone (office) Extension

Note : Any new director and shareholder holding 10% or more of the shares with full voting rights be added to the list. Authorized agents on the list can submit an application for a permit to store, sell or transport explosives on behalf of the company.

2. ADDITION OR WITHDRAWAL OF DIRECTORS OR SHAREHOLDERS						
	A	<input type="checkbox"/> Addition	<input type="checkbox"/> Director	General explosives permit Number – Individual (if applicable)		
		<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Shareholder holding 10% or more of the company's shares			
	B	Last name, first name or name of body corporate				
		Gender	Date of birth (yyyy-mm-dd)	Phone (home)	Phone (office)	Extension
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other				
Address (street number, street, office, city, town, municipality, province and country [if other than Canada])				Postal code/ZIP code		
RESERVED FOR SÛRETÉ		CRPQ check <input type="checkbox"/> Positive <input type="checkbox"/> Negative				
	A	<input type="checkbox"/> Addition	<input type="checkbox"/> Director	General explosives permit Number – Individual (if applicable)		
		<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Shareholder holding 10% or more of the company's shares			
	B	Last name, first name or name of body corporate				
		Gender	Date of birth (yyyy-mm-dd)	Phone (home)	Phone (office)	Extension
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other				
Address (street number, street, office, city, town, municipality, province and country [if other than Canada])				Postal code/ZIP code		
RESERVED FOR SÛRETÉ		CRPQ check <input type="checkbox"/> Positive <input type="checkbox"/> Negative				
	A	<input type="checkbox"/> Addition	<input type="checkbox"/> Director	General explosives permit Number – Individual (if applicable)		
		<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Shareholder holding 10% or more of the company's shares			
	B	Last name, first name or name of body corporate				
		Gender	Date of birth (yyyy-mm-dd)	Phone (home)	Phone (office)	Extension
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other				
Address (street number, street, office, city, town, municipality, province and country [if other than Canada])				Postal code/ZIP code		
RESERVED FOR SÛRETÉ		CRPQ check <input type="checkbox"/> Positive <input type="checkbox"/> Negative				

3. ADDITION OR WITHDRAWAL OF AUTHORIZED AGENTS				
	<input type="checkbox"/> Addition	Last name, first name	General explosives permit number – Individual (if applicable)	
	<input type="checkbox"/> Withdrawal			
	Sexe	Date of birth (yyyy-mm-dd)	Fonction	Phone (home)
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other			
	<input type="checkbox"/> Addition	Last name, first name	General explosives permit number – Individual (if applicable)	
	<input type="checkbox"/> Withdrawal			
	Sexe	Date of birth (yyyy-mm-dd)	Fonction	Phone (home)
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other			
	<input type="checkbox"/> Addition	Last name, first name	General explosives permit number – Individual (if applicable)	
	<input type="checkbox"/> Withdrawal			
	Sexe	Date of birth (yyyy-mm-dd)	Fonction	Phone (home)
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other			

The form must be sent to the Bureau du cotrôle des armes à feu et des explosifs by email at explosifs@surete.qc.ca. The email address of the sender must be that of an authorized representative of the company (director, shareholder). **The email serves as a signature.**