



**Bureau du contrôle des armes
à feu et des explosifs**

1701, rue Parthenais, (UO1530)
Montréal (Québec) H2K 3S7

General explosives permit number : _____

| Addition or withdrawal of shareholders, directors or authorized agent | |
|---|--|
| Name of the company : | |
| Information on the company representative (shareholder or director) | |
| Last name | First Name |
| Date of birth | General explosives permit number - Individual, if applicable |
| Phone number (day) | Extension |

| Information on shareholders, directors or authorized agent | |
|--|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Withdrawal |
| Last name | First name |
| Address (street number, street, office, city, town, municipality, province, country (if other than Canada), postal code) | |
| Phone (home) | Phone (office) |
| Date of birth | General explosives permit number - Individual, if applicable |
| Gender <input type="checkbox"/> M <input type="checkbox"/> F | Fonction, if authorized agent |
| Check the appropriate box(s) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Authorized agent | |
| RESERVED FOR SÛRETÉ DU QUÉBEC | CRPQ check <input type="checkbox"/> Positive <input type="checkbox"/> Negative |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Withdrawal |
| Last name | First name |
| Address (street number, street, office, city, town, municipality, province, country (if other than Canada), postal code) | |
| Phone (home) | Phone (office) |
| Date of birth | General explosives permit number - Individual, if applicable |
| Gender <input type="checkbox"/> M <input type="checkbox"/> F | Fonction, if authorized agent |
| Check the appropriate box(s) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Authorized agent | |
| RESERVED FOR SÛRETÉ DU QUÉBEC | CRPQ check <input type="checkbox"/> Positive <input type="checkbox"/> Negative |

Telephone : 514 598-4584

Fax : 514 596-3571

Email address : explosifs@surete.qc.ca

| Information on shareholders, directors or authorized agent | |
|--|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Withdrawal |
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| Address (street number, street, office, city, town, municipality, province, country (if other than Canada), postal code) | |
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| Gender <input type="checkbox"/> M <input type="checkbox"/> F | Fonction, if authorized agent |
| Check the appropriate box(s) <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Authorized agent | |
| RESERVED FOR SÛRETÉ DU QUÉBEC CRPQ check <input type="checkbox"/> Positive <input type="checkbox"/> Negative | |
| <input type="checkbox"/> Check this box if you have attached additional sheet (s) | |

The completed form must be sent to the *Bureau du contrôle des armes à feu et des explosifs* by mail, fax or email. All coordinates are available on this form. When sending by email, the address of the sender must be the one of the company representative (shareholder or director)

Representative signature: _____ Date : _____