



## 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).

### 1. IDENTIFICATION OF COMPANY AND AUTHORIZED REPRESENTATIVE

<b>1.1 COMPANY</b>			
Name of the company	General explosives permit number – Company		
<b>1.2 AUTHORIZED REPRESENTATIVE OF THE COMPANY</b>			
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

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

### 3. ADDITION OR WITHDRAWAL OF AUTHORIZED AGENTS

<input type="checkbox"/> Addition <input type="checkbox"/> Withdrawal	Last name, first name	General explosives permit number – Individual (if applicable)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		Date of birth (yyyy-mm-dd)	Fonction	Phone (home)
<input type="checkbox"/> Addition <input type="checkbox"/> Withdrawal	Last name, first name	General explosives permit number – Individual (if applicable)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		Date of birth (yyyy-mm-dd)	Fonction	Phone (home)
<input type="checkbox"/> Addition <input type="checkbox"/> Withdrawal	Last name, first name	General explosives permit number – Individual (if applicable)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other		Date of birth (yyyy-mm-dd)	Fonction	Phone (home)

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