



Application to vary or renew  
**SECURITY SENSITIVE AMMONIUM NITRATE  
LICENCE OR PERMIT**

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

**LICENCE / PERMIT DETAILS**

Renewal  Vary details

Current certificate number

Name of permit holder (person or company)

List the numbers of any South Australian certificate(s) that already allow you access to SSAN

**APPLICANTS DETAILS**

**Q1. Have any of your company/contact details changed?**

Yes  Complete Question 1

No  Go to Question 2

If yes, complete this section. Attach a Certificate of Incorporation, if required.

ACN (if applicable)

ABN (if applicable)

Trading name (if applicable)

Postal address

Suburb

Postcode

Attention to

Business/Home address

Suburb

Postcode

Daytime phone

Mobile

Email address

Applicant's signature

Date ...../...../.....

**Q2. If the licences and permits are in a company name, have the company Directors changed?**

- Yes  Complete Question 2
- No  Go to Question 3

If yes, provide a list of the new Company Directors and complete an *Authority to Access Person History* form for each Director.

**AUTHORITIES**

**Q3. Have any of your activities changed?**

- Yes  Complete Question 3
- No  Go to Question 4

- Permit to purchase or acquire
- Permit to sell or supply
- Licence to manufacture
- Permit for use or disposal
- Permit to import to or export from SA
- Licence to store
- Licence to carry (transport)

Applicant's signature

Date ...../...../.....

**PERMIT TO PURCHASE OR ACQUIRE SSAN**

**Q4. Have you changed SSAN products or suppliers?**

- Yes  Complete Question 4
- No  Go to Question 5

**SSAN Product 1**

Product name

Supplier

Manufacturer

Site of use or disposal

**SSAN Product 2**

Product name

Supplier

Manufacturer

Site of use or disposal

**SSAN Product 3**

Product name

Supplier

Manufacturer

Site of use or disposal

## LICENCE TO MANUFACTURE SSAN

### Q5. Have you changed the SSAN products' composition, method of manufacture or supplier of raw materials?

Yes  Complete Question 5

No  Go to Question 6

Provide details of change. Any new products need to be authorised. Complete an *Application for a classification of an explosive (Security Sensitive Substance)* for each point.

## LICENCE TO STORE SSAN

### Q6. Have you changed the quantity of SSAN stored or how it is stored?

Yes  Complete Question 6

No  Go to Question 7

### Site plan

For each storage site, **attach a site plan(s)** of the property including where the SSAN will be stored and used.

- For small properties, this could be one site plan.
- For larger properties, draw two plans; one showing the overall site and surrounds and another more detailed plan of where the SSAN will be stored.
- Include the distance to the nearest public road, property boundaries, and any nearby public or private buildings and the nature and use of those buildings.
- State the maximum quantity to be stored at each secure storage site.

The plan(s) must contain sufficient details for an inspector to locate the property, and to locate the SSAN stored on the property. This may require more than one site plan.

### Security management plan

Provide details for each secure store identified on your site plan. The Store may be a container, a room within a building or a separate building or structure.

#### Situation of store

*If in a town give street and number, if elsewhere give section and hundred. Include the Municipal / Council area.*

#### Owner

*If not the applicant*

#### Maximum quantity of SSAN to be stored

kg

#### Package size

*For packaged SSAN*

X  X

#### Type of store and external construction

*e.g. brick building with painted steel roof*

#### Nature of floor and internal lining of the Store

*e.g. concrete floor, internal lining of walls and ceiling is cement sheeting*

#### Applicant's signature

Date ...../...../.....

**Dimensions of the Store**

X  X

**Doors to Store**

*Describe number, type and nature*

**Door locks**

*Describe the type of locks*

**Windows to Store**

*Describe number and type, dimensions, and whether locked, barred or alarmed*

**Signage**

*Describe any signs that warn against intrusion into the secure store, such as 'Authorised Access Only' etc*

**Other security measures**

*Describe any other security measures such as alarms, patrols, guard dogs, lighting etc*

**LICENCE TO CARRY SSAN**

**Q7. Have you any new vehicles that need to be licensed to carry SSAN? This includes vehicles that are used on site only.**

Yes  Complete Question 7

No  Go to Question 8

If yes, please attach a copy of the vehicle registration certificate (if registered).

Product name

Maximum quantity of SSAN to be transported

kg

Vehicle make

Vehicle model

Vehicle owner

Vehicle registration number

*Attach a copy of the registration certificate*

Applicant's signature

Date ..... / ..... / .....

**Q8. Have you changed the transport route for SSAN?**

Yes  Complete Question 8

No  Go to Question 9

If yes, attach a map, if required.

Start point

End point

Distance

Will the journey be non-stop?

Yes  No

Route details

Will the security be provided by lock and key or constant surveillance?

**SECURITY CLEARANCES**

**Q9. Have you attached a National Police Clearance Certificate for all people with unsupervised access that has been previously security cleared? An additional ASIO check is not required.**

Yes  Complete Question 10

No  Go to Question 11

If No, obtain National Police Clearance Certificate through the SA Police website.

**Q10. Have you employed any new people that require unsupervised access to SSAN?**

Yes  Complete Question 9

No  Go to Question 10

Provide details. Also complete and attach an *Authority to Access Person History Information* form and a *National Police Certificate*.

**Person 1**

Name

Position

Date cleared (for office use only)

**Person 2**

Name

Position

Date cleared (for office use only)

Attach separate sheet, for additional names.

Applicant's signature

Date ...../...../.....

## SECURITY MANAGER DETAILS

### Q11. Have you changed Security Manager(s)?

Yes  Complete Question 11

No  Go to Question 12

Name

Position title

Email

Mobile

Alternate phone

Responsibilities

### Q12. Are there any other changes? Including sale of previously licensed vehicles, resignation of security cleared people etc.

Yes  Complete Question 12

No  Go to Question 13

Details of change.

## SECURITY MANAGEMENT PLAN

*For Manufacture, Carriage and Store licences*

### Q13. Did you submit a separate Security Management Plan with your original application?

Yes  Complete Question 13

No  Go to Payment

If Yes, applicants who have submitted a separate Security Management Plan with their initial application must **update the document and resubmit with this form.**

Applicant's signature

Date ...../...../.....

## LICENCE FEES

Current until 30 June 2022. This fee is exempt from GST.

Variation of licence or permit details	\$70.00
PMV (ASIO Clearance)	\$36.00

## LICENCE / PERMIT PAYMENT DETAILS

Name of applicant (as appears on licence/permit application form)

Date of application

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Type	Fee	Total
Variation	\$70.00	\$
PMV	\$36.00 per person	\$
<b>Total</b>		<b>\$</b>

Applicant's Signature

Date ...../...../.....

## PAYMENT METHOD

### Apply by email

#### Credit Card

Complete cardholder details section.

Accepted payment method: VISA or MasterCard

Email all documents to: [licensing.safework@sa.gov.au](mailto:licensing.safework@sa.gov.au)

Total file size must be less than 20MB

### Apply by post

#### Credit Card

Complete cardholder details section.

Accepted payment method: VISA or MasterCard

#### Cheque / Money order

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

### Post all documents to:

Private and Confidential  
SafeWork SA  
Licensing Unit  
GPO Box 465  
ADELAIDE SA 5001

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

## 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

Name of person authorised to approve payment (if different to cardholder name)

Contact telephone

Date ...../...../.....

Postal/email address for payer (for receipt)