**The Control of Explosives Precursors etc. Regulations (Northern Ireland) 2014**

**APPLICATION FOR INTERNAL REVIEW.**

*Regulation 7 of the Control of Explosives Precursors etc. Regulations (Northern Ireland) 2014*

Please use this form if you wish to ask the Secretary of State to review a decision to:

1) Refuse an application for an explosives precursors licence;

2) Grant an application for an explosives precursors licence subject to any terms or conditions;

3) Refuse an application to amend an explosives precursors licence;

4) Grant an application to amend an explosives precursors licence subject to any terms or conditions; or

5) Vary, suspend or revoke an explosives precursors licence.

Your request for a review must be made ***within 28 Days*** of being notified of the Secretary of State’s decision.

**Your Details** *(please complete using* ***CAPITAL*** *letters)*

Name of applicant:

Name of responsible person (if applicable):

Name of parent/guardian (if applicable):

Date of birth of applicant or responsible person:

Address of applicant:

Postcode:

Daytime Telephone No.:

Mobile Telephone No.:

***A. I wish to apply for an internal review of the Secretary of State’s decision to:***

Date of letter of notification:

Date notification received (if different):

***B. Reasons for applying for Internal Review***

***If you need to write more, please continue on a separate sheet of paper. You may wish to separately attach any supporting documents.***

***C.* Declaration and Signature**

***I declare that the information which I have given is correct.***

Signature of applicant:

\*Signature of responsible person:

*(\* Where the application is made by an organisation)*

\* Signature of parent or guardian:

*(\* Where the application is made by a person under 18)*

Date:

**Please return completed form to:**

**The Secretary of State for Northern Ireland**

**Protective Security Unit**

**Stormont House Annexe**

**Stormont Estate**

**Belfast BT4 3SH**