1. Name, address, telephone ar	nd fax numbers:
Consignee	Responsible Person
Killola Quarry, Killola, Roscahill, Co. Galway.	
2. Intended use for explosives:	
Quarry Blasting	
3. Details of explosives:	
Name/Type	Quantities
4. Address of place where expl As above	osives are to be used immediately or stored:
5.6. Date of single transfer:	Tuesday 20 th September 2022
Signature: (Paudie O'Shea)	_ Superintendent
Date: 19.09.2022	

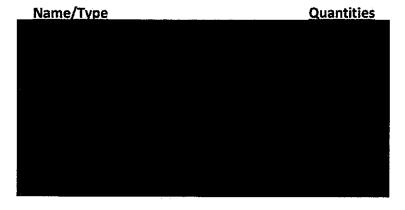
(This applies to single and multi transfers)

		•		_		
1.	Name,	address,	telephon	e and fax nu	mbers of:	

Consignee
Noel Welby Plant Hire Ltd.
Killola
Rosscahill
Co. Galway

Responsible Person (if Ltd. Co.)

2. Details of explosives: (use Annex if required)



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

Thursday 2nd February 2023

5. Period for which approval is required for multi transfers:

From:

to:

AN GARDA SÍOCHÁNA OIFIG AN CHEANNFOIRE

U 1 FEB 2023

ÓRAN MÓR CO. NA GAILLIMHE THIAR

Signature:

Superintendent

Juperintendent

Galway County West Community Engagement Functional Area

Date:

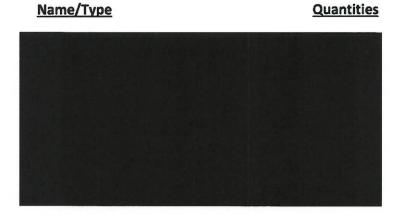
1st February 2023

(This applies to single and multi transfers)

1.	Name, address	, telephone	and 1	fax numbers o	of:
----	---------------	-------------	-------	---------------	-----

Consignee	Responsible Person (if Ltd. Co.)
Killola Quarry	
Killola	
Rosscahill	
Co. Galway	

2. Details of explosives: (use Annex if required)



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

Tuesday 28th February 2023

5. Period for which approval is required for multi transfers:

From:	n/a	to:	n/a	AN GARDA SÍOCHA
Signature:		8		2 7 FEB 2023 ÓRAN MÓR CO. NA GAILLIMHE THIAR
	Supe	erintendent		

Galway County West Community Engagement Functional Area

Date: 27th February 2023

Garda Denise O' Halloran Oughterard

2/21

TD.2

Recipient Competent Authority Transfer Document for Explosives.

(This applies to single and multi transfers)

	(Ims applies	to single and mutti transfers)
1.	Name, address, telephone	and fax numbers of:
	Consignee	Responsible Person (if Ltd. Co.)
	Killola Quarries Rosscahill Co. Galway	
2.	Details of explosives: (use	Annex if required)
	Name/Type	Quantities
3.	Address of place where ex	plosives are to be used immediately or stored:
	As above	
4.	Date of single transfer:	26th February 2021
5.	Period for which approval	is required for multi transfers:
	From:	to:
Signa Date:	ature: (Brian Ryan)	Acting Superintendent

AN GARDA SÍOCHÁNA OIFIG AN CHEANNFOIRT

2 4 FEB 2021

STÁISIÚN: BÓTHAR NA TRÁ ROINN NA GAILLIMHE

TD.1

Application for Recipient Competent Authority Transfer Document for Explosives

(This applies to single and multi transfers)

1.	Name, address, telephone and fax numbers of:	

Consignee

Responsible Person (if Ltd. Co.,)

Killola Quarries Rosscahill Co. Galway

- 2. Intended use for explosives: Quarry Blasting
- Details of explosives: (use Annex if required) 3.

Name/Type **Ouantities**

Address of place where explosives are to be used immediately of stored*: 4.

As Above

- Date of single transfer: 26th February 2021 5. 6.
- Period for which approval is required for multi transfers: 7.

From:

To:

Signature:

Cahal Hughes.

Date:

23-1 FEBRUARY 2021.

Exsol Ltd

Graigue Upper, Ballygibbon, Nenagh, Co. Tipperary, Tel: 067 42968 Fax: 067 42969

NOTIFICATION OF DELIVERY

Note: In event of delay/early arrival the nominated driver, (see below), will contact the appropriate Garda Station and Quarry/ Quarry Manager to notify and ensure that Gardai/Detective Garda are present on arrival.

Intended date of Delivery	Y:	Friday 26th February 2021
Departure time:		06:00 am
Estimated time of arrival	l on site:	08:00 am
Destination:		Killola Quarry., Killola, Rosscahill Co.Galway.
Approved Route No:		
Grid Ref No.:		
Distance (approx.):	miles	
Driver on duty:		
Mobile Telephone No:		
r		

Garda Contact Numbers:	Quarry Contact Numbers:
Garda Station:091 514724 Detective Garda Mob. No.: Garda Mobile No.:	Quarry Number: Quarry Manager: Explosive Super/Shotfirer:

Delivery Vehicle Tel No.:

Delivery Vehicle Reg No.:

Delivery Vehicle Roof Marking:

OR 12/2

Earde Martin Costello Moycullen

3/21

TD.2

Recipient Competent Authority Transfer Document for Explosives.

(This applies to single and multi transfers)

1. Name, address, telephone and fax numbers of:

Consignee

Responsible Person (if Ltd. Co.)

Killola Quarries Rosscahill Co. Galway

2. Details of explosives: (use Annex if required)

Name/Type

Quantities



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

16th March 2021

Period for which approval is required for multi transfers:

From:

to:

Signature

Brian Ryan)

Acting Superintendent

Date:

AN GARDA SÍOCHÁNA OIFIG AN CHEANNFOIRT

1 1 MAR 2021

STÁISIÚN: BÓTHAR NA TRÁ ROINN NA GAILLIMHE Garda Martin Costello MoyCyllen

TD.1

Application for Recipient Competent Authority Transfer Document for Explosives

	(1 ms applies to single an	d multi transfers)
1.	Name, address, telephone and fax numbers of:	
	Consignee	Responsible Person (if Ltd. Co.,)
	Killola Quarries Rosscahill Co. Galway	
<i>2</i> .	Intended use for explosives: Quarry Blasting	
3.	Details of explosives: (use Annex if required)	
_	Name/Type	<u>Quantities</u>
4.	Address of place where explosives are to be use	d immediately of stored*:
	As Above	
5. 6.	Date of single transfer: 16th March 2021	
7.	Period for which approval is required for multi t	ransfers:
	From: To:	
Sign	ature: Cahal Hughes.	
Date	ature: Cahal Hughes. 10th Masch 2021.	



Clontygrigny, Ballyconnell, Co. Cavan. Tel: 049 95 27190 Fax: 049 95 27198

NOTIFICATION OF DELIVERY

Note: In event of delay/early arrival the nominated driver, (see below), will contact the appropriate Garda Station and Quarry/
Quarry Manager to notify and ensure that Gardai/Detective Garda are present on arrival.

Intended date of Delivery:

Tuesday 16th March 2021

Departure time:

06:00 am

Estimated time of arrival on site:

08:00 am

Destination:

Killola Quarry.,

Killola, Rosscahill Co.Galway.

Approved Route No:

Grid Ref No.:

Distance (approx.):

miles

Driver on duty:

Mobile Telephone No:

Delivery Vehicle Tel No.:

Delivery Vehicle Reg No.:

Delivery Vehicle Roof Marking:

Garda Contact Numbers:

Quarry Contact Numbers:

Garda Station:091 514724 Detective Garda Mob. No.:

Garda Mobile No.:

Quarry Number: Quarry Manager:

Explosive Super/Shotfirer:

Exsol

Quarry:

Killola Quarry

Site Address:

Killola, Roscahill, Co. Galway

Grid Ref:



1.	Name, address, telephone and fax	numbers of:
	Consignee	Responsible Person (if Ltd. Co.)
	Killola Quarries Rosscahill Co. Galway	
2.	Details of explosives: (use Annex	if required)
	Name/Type	Quantities
3.	Address of place where explosives	are to be used immediately or stored:
	As above	
4.	Date of single transfer:	
	14 th June, 2021	
5.	Period for which approval is require	red for multi transfers:
	From:	to:
Signa	ture:Inspector (Brian Ryan) Acting Superintendent	or
Date:		
*		

1.	Name, address, telephone and fax numbers of:	
	Consignee	Responsible Person (if Ltd. Co.)
	Killola Quarries Rosscahill Co. Galway	
2.	Details of explosives: (use Annex if	required)
	Name/Type	<u>Quantities</u>
3.	Address of place where explosives a	re to be used immediately or stored:
	As above	
4.	Date of single transfer:	
	14th July, 2021	
5.	Period for which approval is require	d for multi transfers:
	From:	to:
Signat	ure:Inspector (Adrian O'Neill) Acting Superintendent	
Date:		

Peter Naughbon

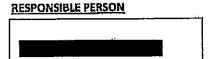
Recipient Competent Authority Transfer Document for Explosives

1.	Name, address, telephone and fa	ax numbers of:
	Consignee	Responsible Person (if Ltd. Co.)
	Killola Quarries Rosscahill Co. Galway	
2.	Details of explosives: (use Anne	ex if required)
	Name/Type	Quantities
3.	Address of place where explosive	ves are to be used immediately or stored
	As above	
4.	Date of single transfer:	
	29th September, 2021	
5.	Period for which approval is req	uired for multi transfers:
Signat	From:	AN GARDA SIOCHÁNA
~	(John Conway) Acting Superintendent	2 7 SEP 2021
Date:	27-9-21	STÁISIÚN: BÓTHAR NA TRÁ ROINN NA GAILLIMHE

1. Name, address, telephone and fax numbers of

CONSIGNEE:

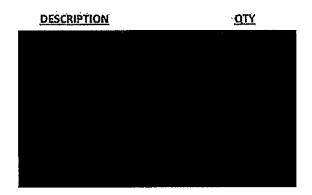
Killola Quarry, Killola, Rosscahill, Co. Galway



2. Intended use for explosives:

Quarry Blasting

3. Details of explosives: (use Annex if required)



- 4. Address of place where explosives are to be used immediately of stores* as above
- 5. Date of single transfer:

Wednesday 29 September 2021

6. Period for which approval is required for multi transfers;

From:

To:

Signature: Ailie Elliott
Date: 27/09/2021

(This applies to single and multi transfers)

1,	Name, áddréss,	telephone and	fax numbers	of:
----	----------------	---------------	-------------	-----

Consignee

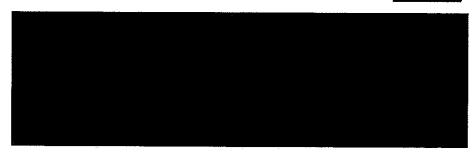
Responsible Person (if Ltd. Co.)

Killola Quarry, Rosscahill, Co. Galway

2. Details of explosives: (use Annex if required)

Name/Type

Quantities



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

Monday, 1st February, 2022

5. Period for which approval is required for multi transfers:

From:

to:

Inspector

Signature

— (Brian Ryan)
Acting Superintendent

Date: 31st January, 2022.

Name, address, telephone and fax numbers of:

1.

Recipient Competent Authority Transfer Document for Explosives

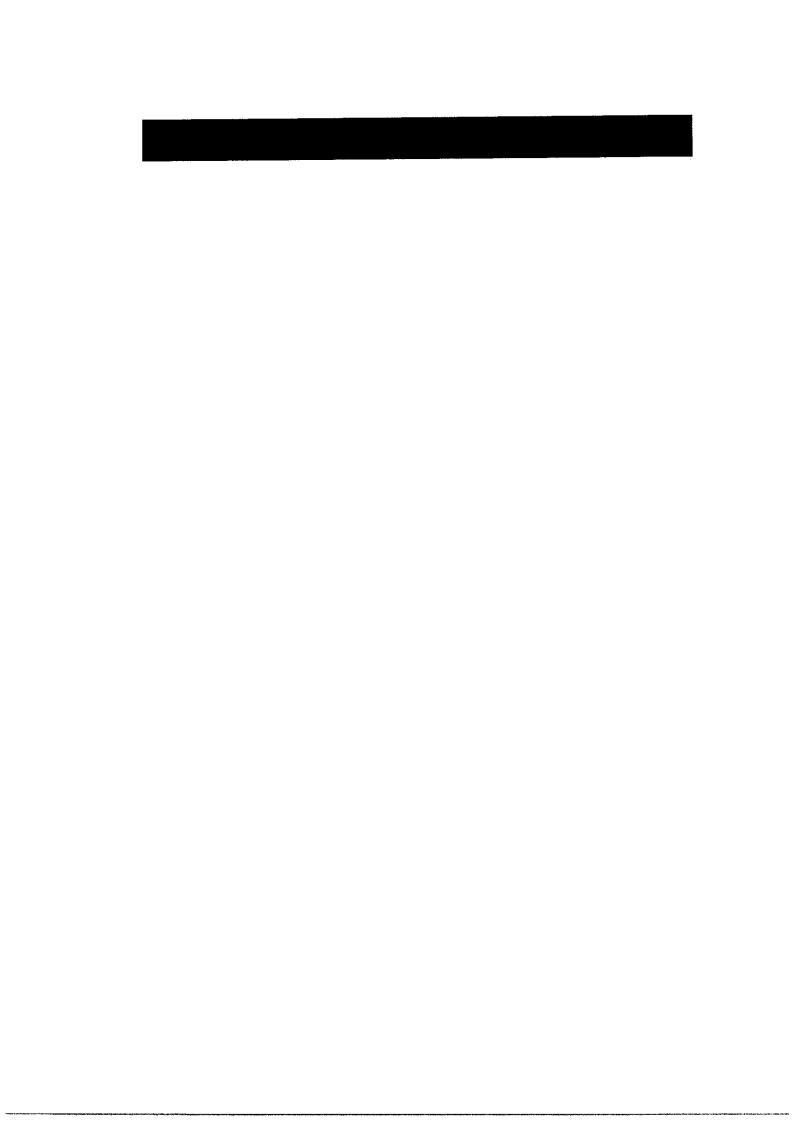
	Consignee	Responsible Person (if Ltd. Co.)
	Killola Quarry, Rosscahill, Co. Galway	
2.	Details of explosives: (use Annex	if required)
	Name/Type	Quantities
3.	Address of place where explosive	s are to be used immediately or stored:
	As above	s are to be about miniousatory of storeu.
4.	Date of single transfer:	
	Thursday, 10 th February, 2022	
5.	Period for which approval is requ	uired for multi transfers:
	From:	to:
Signa	ture: (Brian Ryan) Acting Superintendent	Inspector
Date:	9 th February, 2022.	



1.	Name, address, telephone and fax numbers of:		
	Consignee	Responsible Person (if Ltd. Co.)	
	Killola Quarry, Rosscahill, Co. Galway	ANY AND END AND ANY AND ANY	
	Acoustini, cor curry		
2.	Details of explosives: (use Annex	if required)	
	Name/Type	Quantities	
3.	Address of place where explosives	s are to be used immediately or stored:	
	As above		
4.	Date of single transfer:		
	Thursday, 3 rd March, 2022		
5.	Period for which approval is requ	ired for multi transfers:	
	From:	to:	
Signat	ture:	Inspector	
	(Brian Ryan) Acting Superintendent		
Date:	2 nd March, 2022.		



1.	Name, address, telephone and fax	numbers of:
	Consignee	Responsible Person (if Ltd. Co.)
	Killola Quarry, Rosscahill, Co. Galway	
2.	Details of explosives: (use Annex i	f required)
	Name/Type	Quantities
3.	Address of place where explosives As above	are to be used immediately or stored:
4.	Date of single transfer:	
	Tuesday, 22 nd March, 2022	
5.	Period for which approval is requ	ired for multi transfers:
	From:	to:
Signat	ture: (Brian Ryan) Acting Superintendent	Inspector
Date:	21st March, 2022.	



(This applies to single and multi transfers)

1.	Name.	address	telephone	and fa	x numbers	of:
T.	TIGGETT	MILLI LOOP				,

Consignee

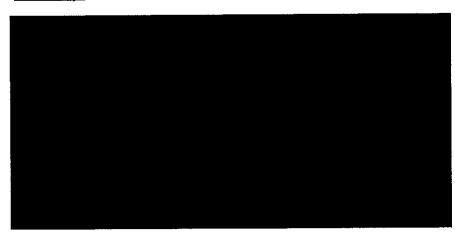
Responsible Person (if Ltd. Co.)

Killola Quarry, Rosscahill, Co. Galway

2. Details of explosives: (use Annex if required)

Name/Type

Quantities



- Address of place where explosives are to be used immediately or stored: 3.

As above

Date of single transfer: Monday, 25th April, 2022.

Period for which approval is required for multi transfers: 5.

From:

to:

Signature;

4.

Brian Ryan)

Acting Superintendent

Inspector

Date: 22nd April, 2022

AN GARDA SÍOCHÁNA **OIFIG AN CHEANNFOIRT**

22 APR 2022

STÁISIÚN: BÓTHAR NA TRÁ **ROINN NA GAILLIMHE**

(This applies to single and multi transfers)

1. Name, address, telephone and fax numbers of:

Consignee

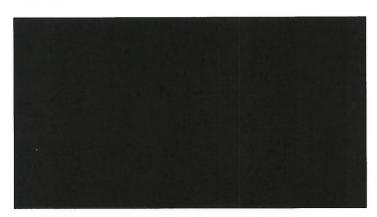
Responsible Person (if Ltd. Co.)

Killola Quarry Killola Rosscahill Co. Galway

2. Details of explosives: (use Annex if required)

Name/Type

Quantities



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

Thursday 16th June 2022

OIFIG AN CHEANNFOIRT

15 JUN 2022

Period for which approval is required for multi transfers:

Signature:

From:

15th June 2022

Date:

5.

CIFIG AN CHEANNFOIRT

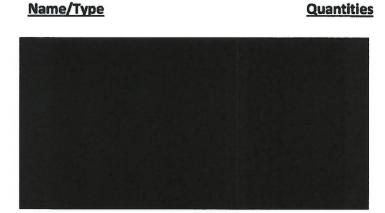
Recipient Competent Authority Transfer Document for Explosives

(This applies to single and multi transfers)

1. Name, address, telephone and fax numbers of:

Consignee	Responsible Person (if Ltd. Co.)
Killola Quarry Killola Rosscahill Co. Galway	

2. **Details of explosives: (use Annex if required)**



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

Wednesday 6th July 2022

STAISIUN: BOTHAD NA TRA ROINN NA GAILLIAME 5. Period for which approval is required for multi transfers:

From:

Signature:

Date:

5th July 2022

(This applies to single and multi transfers)

1. Name, address, telephone and fax numbers of:

<u>onsignee</u>	Responsible Person (if Ltd. Co.)

Killola Quarry Killola Rosscahill

Co. Galway

2. Details of explosives: (use Annex if required)





3. Address of place where explosives are to be used immediately or stored:

to:

As above

4. Date of single transfer:

Wednesday 20th July 2022

5. Period for which approval is required for multi transfers.

From:

Signature:

Brian Ryan

(Acting Superintendent)

Date:

19th July 2022

STAISIUN: BOTH ADZ

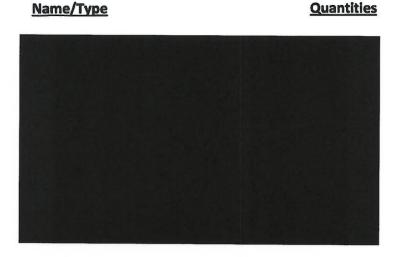
GAILLING TRA

(This applies to single and multi transfers)

1. Name, address, telephone and fax numbers of:

Consignee	Responsible Person (if Ltd. Co.)
Killola Quarry Killola Rosscahill Co. Galway	

2. Details of explosives: (use Annex if required)



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

Thursday 11th August 2022

for multi transfers:

5. Period for which approval is required for multi transfers:

From:

to:

Signature:

10th August 2022

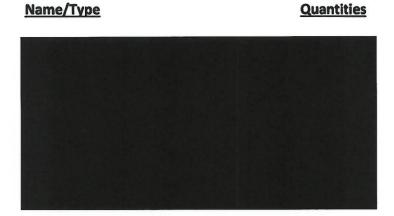
Date:

(This applies to single and multi transfers)

Name, address, telephone and fax numbers of: 1.

Consignee	Responsible Person (if Ltd. Co.)
Killola Quarry Killola Rosscahill Co. Galway	

2. **Details of explosives: (use Annex if required)**



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

Friday 26th August 2022

5. Period for which approval is required for multi transfers: From: to:

25th August 2022

PP: Coffayling Set.

Signature:

Date:

Easda Chashe Cawley 20/2019 Salthill

TD.2

Recipient Competent Authority Transfer Document for Explosives

		Explosives.
	(This applies to single and mu	ılti transfers)
1.	Name, address, telephone and fax numbers	of:
	Consignee Respons	sible Person (if Ltd. Co.)
	Killola Quarries Rosscahill Co. Galway	
2.	Details of explosives: (use Annex if required	l)
	Name/Type	Quantities
3.	Address of place where explosives are to be u	and in
	As above	ised immediately or stored:
4.	Date of single transfer: 31st October 2019	9
5.	Period for which approval is required for mu	lti transfers
	From: to:	
Signat	ure: <u>At Cala</u> Inspecto (Peter Conlon)	r for Superintendent
		AN GARDA SÍOCHÁNA
		ON SIOCHANA

Oifig an Cheannfoirt

3 0 OCT 2019

Stáisiún: Bótnar na Trá Roinn na Gaillimhe

TD.2

Recipient Competent Authority Transfer Document for Explosives.

(This applies to single and multi transfers)			
1.	Name, address, telephone and fax numbers of:		
	Consignee	Responsible Person (if Ltd. Co.)	
	Killola Quarries Rosscahill Co. Galway		
2.	Details of explosives: (use An	nnex if required)	
	Name/Type	Quantities	
3.	Address of place where explo	osives are to be used immediately or stored:	
	As above		
4.	Date of single transfer:	16 th June 2017	
5.	Period for which approval is	required for multi transfers:	
	From:	to:	
Signature: Inspector for Superintendent (Tomás Waters) Date:			

Garda Unisty O'Connor Carraroe

7/2017

TD.2

Recipient Competent Authority Transfer Document for Explosives

(This applies to single and multi transfers)

1. Name, address, telephone and fax numbers of:

Consignee

Responsible Person (if Ltd. Co.)

Killola Quarries Rosscahill Co. Galway

2. Details of explosives: (use Annex if required)

Name/Type

Quantities

3. Admiess of place where explosives are to be used immediately or stored:

AS AVOUR.

- 4. Date of single transfer: 8th February 2017
- 5. Period for which approval is required for multi transfers.

From:

tó:

AN GARDA SIOCHÁNA Cifig an Cheannfoirt

-7 FEB 2017

Date:

Pall Millian Supt

Stáisiún: Bóthar na Trá Roinn na Gaillimhe

13/15

Garde Vincent Flanagan

Recipient Competent Authority Transfer Document for Explosives

	Name, address, telephone and fax	numbers of:
	Consignee	Responsible Person (if Ltd. Co.)
	KILLOR QUOLAIGS. ROSSCALLL	
	Rosscalill	
	a galway	
•	Details of explosives: (use Annex i	is required) Survey BLASTING
•	Name/Type	Quantities
•	Address of place where explosives	s are to be used immediately or stored:
•	Date of single transfer:	5-2015
•	Period for which approval is requ	itred for multi transfers:
	From:	to:
		- (3 ₀
igr	nature: loth Hibles	Sup / Supage Sup
at	1 × V	

1,	Name, address, telephone	Name, address, telephone and fax numbers of:					
	Consignee	Responsible Person (if Ltd. Co.)					
	Killola Quarries Rosscahill Co. Galway						
2.	Details of explosives: (use	e Annex if required)					
	Name/Type	Quantities	LAPPOINE				
3.	Address of place where c	xplosives are to be used immediately or store	d:				
3.	Address of place where o	xplosives are to be used immediately or store	d:				
3.	As Abcor	explosives are to be used immediately or store	d:				
	Date of single transfer:		d:				
4.	Date of single transfer:	365 mass n 3019 -	CHÁN				
4.	Date of single transfer: Period for which approv	al is required for multi transfers: to: AN GARDA Sign Office on Chean	CHÂN ervoje				

Garde Poter Lee 7/15

TD.2

Recipient Competent Authority Transfer Document for Explosives

(This applies to single and multi transfers)

I. Name, address, telephone and fax numbers of:

Consignee Kurola Quacues Ressected G. Gelvag Responsible Person (if Ltd. Co.)

2. Details of explosives: (use Annex if required)

Name/Type

Quantities

Address of place where explosives are to be used insuremately or stored:
Supering the property of stored:

25 FEB 2015

4. Date of single transfer:

2 - 3 - Gently (principal)

5. Period for which approval is required for multi transfers:

From:

to

Signature:

nou My S

Date:

Garda Vincent Kelly Truenh

4912016

TD.2

Recipient Competent Authority Transfer Document for Explosives.

(This applies to single and multi transfers)

j	l .	Name,	address,	telephone	and fax	numbers	of:
---	------------	-------	----------	-----------	---------	---------	-----

Consignee

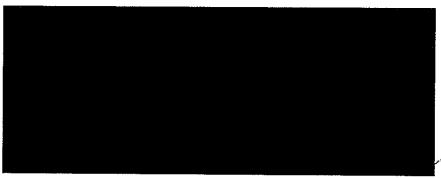
Responsible Person (if Ltd. Co.)

Killola Quarries Rosscahill Co. Galway

2. Details of explosives: (use Annex if required)

Name/Type

Quantities



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer: 24th August 2016

Period for which approval is required for multi transfers! GARDA SÍOCHÁNA 5.

From:

to:

23 AUG 2016

Ölfig an Cheannfoirt

Signature

(Brendan Carroll)

Insp. For Superintenium: Bóthar na Trá

Date:

garda Peter Lee

rd.2

Recipient Competent Authority Transfer Document for Explosives

(This applies to single and multi transfers)

Name, address, telephone and fax numbers of:

Consignee

Killolo Duaces.

Rosscalle

G. galuag

PROGRAMMENTAL PROPERTY.

Responsible Person (if Ltd. Co.)

2. Details of explosives: (use Annex if required) Quacy Bearing.

Name/Type

Ouantities

- 3. Address of place where explosives are to be used immediately or stored:
- 4. Date of single transfer:

20th January, 2015

5. Period for which approval is required for multi transfers:

poel M

From:

to:

Sionature:

Date:

,.

S JE

Mandent's Office

garda adam Couz Plan

Registrot Competent Authority Transfer Document for Explosives

(This applies to single and multi transfers)

Marie, address, telephone and fax numbers of: Responsible Person (if Ltd. Co.,) Quacky BLASTING Details of explosives: (use Annex if required) 2. **Quantities** Name/Type Address of place where explosives are to be used immediately or stored to have .ī., 27th March, Dois . Date of single transfer: ۵. Period for which approval is required for multi transfers: 5. to: From. ا مو چه مش

TD.2

Recipient Competent Authority Transfer Document for Explosives.

1.	Name, address, telephone and fax numbers of:				
	Consignee	Responsible	Person (if Ltd. Co.)		
	Killola Quarries Rosscahill Co. Galway				
2.	Details of explosives: (use	Annex if required)			
	Name/Type		Quantities		
3.	Address of place where ex	plosives are to be used	immediately or stored:		
	As above				
4.	Date of single transfer:	24 th January 2017			
5.	Period for which approval	is required for multi t	ransfers:		
	From:	to:	AN GARDA SÍOCHÁNA Oifig an Cheanafoirt		
Signate:	ture: (Tomás Waters)	Inspector	23 JAN 2017 Státsrún: Bóthar na Trá Roinn na Galillimhe		

25||6 TD.2

Recipiont Competent Authority Transfer Decument for Explosives

(This applies to single and multi transfers)

. Name, address, telephone and fax numbers of:

Comieses

Responsible Person (if Lid. Co.)

Killola Quarries Rosscahili Co. Galway

2. Details of explosives; (use Annex If required)

Name/Type

<u>Ourniffice</u>



Address of place where explosives are to be used immediately or stored:

As Above

4. Date of stagle transfer: 19th May 2016.

5. Period for which approval is required for multi transfers:

From:

. .

Signature: MHAMW S

Date:

<u>Superintendent</u>

An Garda Síochána Superintendent's Office

> Seithill Galvay Division

33/2017

TD.2

Recipient Competent Authority Transfer Document for Explosives.

	`	,			
1.	Name, address, telephone and fax numbers of:				
	Consignee	Responsible Person (if Ltd. Co.)			
	Killola Quarries Rosscahill Co. Galway				
2.	Details of explosives: (use	Annex if required)			
	Name/Type	Quantities			
3.	Address of place where ex	plosives are to be used immediately or stored:			
	As above				
4.	Date of single transfer:	17 th October 2017			
5.	Period for which approval	l is required for multi transfers;			
	From:	to: Orang an Deshafoiri			
Signat	ure: <u>Vaud Walay</u> (Karen Maloney)	Inspector for Superintendent			
Date.		THE SECOND SECON			

TD.2 Recipient Competent Authority Transfer Document for Explosives (This applies to single and multi transfers) Name, address, telephone and fax numbers of: 1. Responsible Person (if Ltd. Co.) KILLUTA QUALLES ROSSCALL Quara BLASTING. Details of explosives: (use Annex if required) 2. Quantities Name/Type Address of place where explosives are to be used immediately or stored: 3. Date of single transfer: Period for which approval is required for multi transfers: 5. to: From: Date:

Garda Gay O'Brien Oughterard

4/2016

TD.2

Recipient Competent Authority Transfer Document for Explosives.

(This applies to single and multi transfers)

1.	Name,	address,	telephone and	fax	numbers	of:
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Consignee

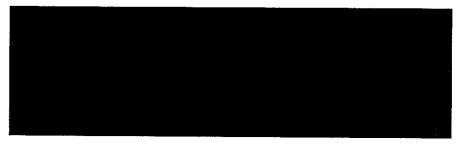
Responsible Person (if Ltd. Co.)

Killola Quarries Rosscahill Co, Galway

2. Details of explosives: (use Annex if required)

Name/Type

Quantities



3. Address of place where explosives are to be used immediately or stored:

As above

4. Date of single transfer:

20th January 2016

5. Period for which approval is required for multi transfers:

From:

to:

Signature:

Patrick McHugh

Superintendent

Date:

AN GARDA SÍOCHÁNA Oifig an Cheannfoirt

19 JAN 2016

Stáisiún: Bóthar na Trá Roinn na Gaillimhe

65/2016

Garda Varceal Flaggers

TD.2

Recipient Competent Authority Transfer Document for Explosives

		Talisier Docu	ment for Explosives.			
	(This applies to single and multi transfers)					
1.	1. Name, address, telephone and fax numbers of:					
	Consignee	Responsible P	erson (if Ltd. Co.)			
	Killola Quarries Rosscahill Co. Galway					
2.	Details of explosives: (us	se Annex if required)				
	Name/Type		Quantities			
3.	Address of place where e	xplosives are to be used in	amediately or stored:			
4.	Date of single transfer:	8 th November 2016				
5.		l is required for multi tra	16 Farma			
	From:	to:	AN GARDA SÍOCHÁNA Oifig an Cheannfoirt			
Signat	mre: Rab Ach	Superintenden	-7 NOV 2016			
Date:	(Patrick McHugh)	Superintenden	Stálsiún: Bóthar na Trá Roinn na Gaillimhe			