



Application for a Scrap Metal Dealers Collector's Licence

Scrap Metal Dealers Act 2013

SECTION 1

1	Application Type	<input type="checkbox"/> Grant	<input type="checkbox"/> Renewal*	*Enter licence number:
2	Applying as	<input type="checkbox"/> An individual (go to section 2)	<input type="checkbox"/> A partnership (go to section 3)	<input type="checkbox"/> A company (go to section 4)

SECTION 2 (INDIVIDUALS ONLY)

3	Applicant Name	
4	Date of Birth	
5	Applicant Home Address	Telephone Number:
6	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

-----PLEASE PROCEED TO SECTION 5-----

SECTION 3 (PARTNERSHIPS ONLY)

FIRST APPLICANT

7	Name	
8	Date of Birth	
9	Home Address	Telephone Number:
10	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND APPLICANT

11	Name	
12	Date of Birth	
13	Home Address	Telephone Number:
14	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

-----PLEASE PROCEED TO SECTION 5-----

SECTION 4 (COMPANIES ONLY)

15	Company Name	
16	Registered Number	
17	Business Address	Telephone Number:

Please provide details of all directors, shadow directors and company secretary – where necessary please use a continuation sheet.

FIRST DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

18	Name	
19	Date of Birth	
20	Home Address	Telephone Number:
21	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Position/Role in business	

SECOND DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

23	Name	
24	Date of Birth	
25	Home Address	Telephone Number:
26	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Position/Role in business	

THIRD DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

28	Name	
29	Date of Birth	
30	Home Address	Telephone Number:
31	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Position/Role in business	

Where necessary, please use a continuation sheet

SECTION 5 (ADDITIONAL DETAILS)

If applicable, please provide details of any address at which scrap metal will be stored before further disposal:

33	Address	Telephone Number:
34	Are you registered as a waste carrier?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *Enter registration number:

-----PLEASE PROCEED TO SECTION 6-----

SECTION 6 (MOTOR SALVAGE)

The business of a motor salvage operator is defined as a business that:

- wholly or in part recovers salvageable parts from motor vehicles for re-use or re-sale, and then sells the rest of the vehicle for scrap;
- wholly or mainly involves buying written-off vehicles and then repairing and selling them off; and,
- wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling them off.

35	Will your business consist of acting as a motor salvage operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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-----PLEASE PROCEED TO SECTION 7-----

SECTION 7 (BANK ACCOUNTS)

Please provide details of the bank account(s) that will be used to make payment to suppliers, in accordance with s12 of the Scrap metal Dealers Act 2013. If more than two bank accounts will be used, please use a continuation sheet.

BANK ACCOUNT 1

36	Account Name	
37	Sort Code	
38	Account Number	

BANK ACCOUNT 2

39	Account Name	
40	Sort Code	
41	Account Number	

Where necessary, please use a continuation sheet

-----PLEASE PROCEED TO SECTION 8-----

SECTION 8 (RELEVANT OFFENCES)

42	Have you, any listed partners or any listed directors in this application ever been convicted of a relevant offence or been the subject of any relevant enforcement action? (Please see below for a list of relevant offences).
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<input type="checkbox"/> Yes <input type="checkbox"/> No*

*If no, please proceed to section 10

	Name	Date	Offence	Court	Sentence
1					
2					
3					
4					
5					

Where necessary, please use a continuation sheet

-----PLEASE PROCEED TO SECTION 9-----

SECTION 9 (DECLARATION AND SIGNATURE)

The information contained in this form is true and accurate to the best of my knowledge and belief. I understand that if I make a material statement knowing it to be false, or if I recklessly make a material statement which is false, I will be committing an offence under Schedule 1 Para 5 of the Scrap Metal Dealers Act 2013, for which I may be prosecuted, and if convicted, fined.

I understand that the local authority to whom I make my application may consult other agencies about my suitability to be licensed as a scrap metal dealer, as per section 3(7) of the Scrap Metal Dealers Act 2013, and that those other agencies may include other local authorities, the Environment Agency, the Natural Resources Body for Wales, and the police.

I understand that the purpose of the sharing of this data is to form a full assessment of my suitability to be licensed as a scrap metal dealer. I also understand that the sharing of information about me may extend to sensitive personal data, such as data about any previous criminal offences. Some details will also be displayed on a national register, as required by the Scrap metal Dealers Act 2013. I hereby expressly consent to this processing of my data and display of relevant information on the public register.

56	Signature of applicant(s)
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<u>1</u>	<u>2</u>
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57	Name of applicant(s)
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58	Date of signature
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This authority is under a duty to protect the public funds it administers, and to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds for these purposes.

Office Use Only

****REFERENCE**:** £

Temporary or Official Receipt No: