

# Scrap Metal Dealers Act 2013

## Application for a Scrap Metal Dealer's Licence

Please write legibly in **block capitals**, and ensure that your answers are inside the boxes and written in **black ink**. All questions must be answered. Incomplete applications will not be processed. You may wish to keep a copy of the completed form for your records.

Section 1: Licence details			
What type of licence do you wish to apply for? <i>(tick one)</i>	<input type="checkbox"/> Site Licence <input type="checkbox"/> Collector's Licence		
What type of application do you wish to make? <i>(tick one)</i>	<input type="checkbox"/> Grant of a new Licence <input type="checkbox"/> Renewal of an existing Licence <input type="checkbox"/> Variation of an existing Licence (change of licence type) <input type="checkbox"/> Variation of an existing Licence (change of licensed sites) <input type="checkbox"/> Variation of an existing Licence (change of site managers)		
Current licence number: <i>(leave blank if you are making a new application)</i>	LN/.....	Expiry date of current licence:	...../...../.....
If you are applying to vary an existing licence from which date do you wish the proposed amendments to take effect?			...../...../.....

Section 2: Business details	
Please give the trading name(s) by which your business is/will be known <i>(if any)</i>	
Please indicate the business activities that you intend to carry on under this licence:	<input type="checkbox"/> Buying and selling scrap metal <input type="checkbox"/> Recovering salvageable parts from motor vehicles for re-use or sale <input type="checkbox"/> Buying written-off vehicles for repair and resale <input type="checkbox"/> Buying or selling vehicles for salvage or repair purposes <input type="checkbox"/> Other.....













## Annex B Details of limited company directors

Please complete the following details for each director of the company. Use additional sheets where necessary.

Director 1		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other .....	
Full name:			
Home address:			
Date of birth	...../...../.....	Daytime phone number:	

Director 2		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other .....	
Full name:			
Home address:			
Date of birth:	...../...../.....	Daytime phone number:	

Director 3		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other .....	
Full name:			
Home address:			
Date of birth:	...../...../.....	Daytime phone number:	

Director 4		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other .....	
Full name:			
Home address:			
Date of birth:	...../...../.....	Daytime phone number:	

Please note that a Basic Disclosure, issued within the last 3 months, must be submitted for each director.