



Scrap Metal Act 2013

Application for a Scrap Metal Site Licence

Only complete this form if:

1. You are operating a site where scrap metal is sold, bought, stored or sorted and;
2. You are only collecting scrap metal by appointment or;
3. You are acting as motor salvage operator.
A motor salvage operator is;
 - a) Wholly or partly in recovering salvageable parts from motor vehicles for re-use or sale and subsequently selling or otherwise disposing of the rest of the vehicle for scrap,
 - b) Wholly or mainly in buying written-off vehicles and subsequently repairing and reselling them,
 - c) Wholly or mainly in buying or selling motor vehicles in which are to be subject (whether immediately or on a subsequent re-sale) of any of the activities mentioned in paragraphs (a) and (b), or
 - d) Wholly or mainly in activities falling within paragraphs (b) and (c)

You cannot hold both a site licence and a collector's licence in the same local authority area.

I am applying for:	<input type="checkbox"/>	<input type="checkbox"/>	Renewal of an Application
	<input type="checkbox"/>	<input type="checkbox"/>	Grant of an Application
Tax Check Code: (Renewal applications only)			
Section 1: General Information			
Business Name:			
Business Address:			
Business Post Code:			
Are you applying as: (please tick)	<input type="checkbox"/> An Individual <i>(Complete Section 2)</i> <input type="checkbox"/> A Partnership <i>(Complete section 3)</i> <input type="checkbox"/> A Registered Company <i>(Complete section 4)</i>		
Registered Companies Number:			
Traders Name:			
Site Manager:			
Basic Disclosure Certificate enclosed	YES / NO		
Photographs enclosed	YES / NO		
Existing Licence Number <i>(If a renewal application)</i>			

Section 2: Application by an Individual	
<i>(Only complete this section if the applicant is an individual)</i>	
Title: (please tick)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Other
Full Name:	
Date of Birth:	/ /

Home Address:	
Post Code:	
Daytime Phone Number:	
Mobile Number:	
Email Address:	

Section 3: Application by Partnership

(Only complete this section if the applicant(s) is by a partnership)

Title: (please tick)	<input type="checkbox"/>	Mr.
	<input type="checkbox"/>	Mrs.
	<input type="checkbox"/>	Miss.
	<input type="checkbox"/>	Other
Full Name:		
Date of Birth:	/ /	
Home Address:		
Post Code:		
Daytime Phone Number:		
Mobile Number:		
Email Address:		
Basic Disclosure Certificate enclosed:	YES / NO	

If you do not provide a disclosure certificate your application will be delayed or rejected.

Section 4: Application by a Registered Company

(Only complete this section if the applicant is a registered company)

Registration Number:	
Company's Name:	

Address of company's registered office:	
Post Code:	
Please provide the following details for every director, shadow director and the company secretary – where necessary please use a continuation sheet.	
Individual 1:	
Title: (please tick)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Other
Full Name:	
Date of Birth:	/ /
Company Title/Position within Company	
Home Address:	
Post Code:	
Daytime Phone Number:	
Mobile Number:	
Email Address:	
Basic Disclosure Certificate enclosed:	YES / NO
Individual 2:	
Title	
Full Name:	
Date of Birth:	/ /
Company Title/Position within Company	

Home Address:	
Post Code:	
Daytime Phone Number:	
Mobile Number:	
Email Address:	
Basic Disclosure Certificate enclosed:	YES / NO
Individual 3:	
Title: (please tick)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Other
Full Name:	
Date of Birth:	/ /
Company Title/Position within Company	
Home Address:	
Post Code:	
Daytime Phone Number:	
Mobile Number:	
Email Address:	
Basic Disclosure Certificate enclosed:	YES / NO

Section 5: Current Permits, Registrations and Licence

Waste Carriers Number:	
Environmental Agency Number(s):	
Please provide details of all vehicles being used in the transport of scrap metal:	
Vehicle 1:	
Vehicle Registration:	
Vehicle Make:	
Vehicle Model:	

Vehicle 2:		
Vehicle Registration:		
Vehicle Make:		
Vehicle Model:		
Vehicle 3:		
Vehicle Registration:		
Vehicle Make:		
Vehicle Model:		
Other information:		
Do you hold a Scrap Metal Site or Collectors Licence with a different authority?	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO
If yes complete below. If no, move onto section 6		
Licence 1:		
Name of issuing Authority:		
Licence Type:	<input type="checkbox"/>	Site Collectors
	<input type="checkbox"/>	
Licence Number:		
Licence 2:		
Name of issuing Authority:	<input type="checkbox"/>	Site Collectors
	<input type="checkbox"/>	
Licence Type:		
Licence Number:		
Licence 3:		
Name of issuing Authority:	<input type="checkbox"/>	Site Collectors
	<input type="checkbox"/>	
Licence Type:		
Licence Number:		

Section 6: Motor Salvage Operator

Will your business be that of a motor salvage operator? This is defined as a business which consists:

- (a) Wholly or partly in recovering salvageable parts from motor vehicle for re-use or sale and subsequently selling or otherwise disposing of the rest of the vehicle for scrap,
- (b) Wholly or mainly in buying written-off vehicles and subsequently repairing and reselling them,
- (c) Wholly or mainly in buying or selling motor vehicles in which are to be subject (whether immediately or on a subsequent re-sale) of any of the activities mentioned in paragraphs (a) and (b) or,
- (d) Wholly or mainly in activities falling within paragraphs (b) and (c)

Please Tick

Yes

No

Section 7: Bank Account Details

Please provide details of the bank account that will be used to make payment to customers, in accordance with section 12 of the Scrap Metal Dealers Act 2013.

Account Name:	
Account Number:	
Sort Code:	
Account Name:	
Account Number:	
Sort Code:	
Account Name:	
Account Number:	
Sort Code:	

Section 8: Criminal Convictions

Have you, any partners in the business, any directors of the company, or any site manager mentioned in this application, ever been convicted of a relevant offence or been the subject of any relevant enforcement action?

- (a) Attempting or conspiring to commit any offence falling within the schedule;
- (b) Inciting or aiding, abetting, counselling or procuring the commission of any offence falling within the schedule, and
- (c) An offence under Part 2 of the Serious Crime Act 2007 (2) (encouraging or assisting crime) committed in relation to any offence falling within the schedule.

Please Tick	Yes	No
<p>If yes, you must provide details for each conviction/enforcement action, the date of the conviction/enforcement action, the name and location of the convicting court, offence of which you were convicted/the nature of the enforcement action and the sentence/penalty imposed:</p>		

Section 9: Declaration

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The information contained in this form is true and accurate to the best of my/our knowledge and belief. I/We understand that if I/We make a material statement knowing it to be false, or if I/We recklessly make a material statement which is false, I/We will be committing an offence under paragraph 5 of Schedule 1 of the Scrap Metal Dealers Act 2013, for which I/We may be prosecuted, and liable, on summary conviction, to fine not exceeding level 3 of the standard scale (currently £1000)

I/We understand that the purpose of the sharing of this data is to form a full assessment of my/our suitability to be licences as a scrap metal dealer. I/We also understand that the sharing of information about me/us may extend to sensitive personal data, such as data about any previous criminal offences.

I/We understand that any relevant information in respect of my application will be displayed on a national register, as required by the Scrap Metal Dealers Act 2013.

Please note that the licensing authority may be required by law to disclose, from time to time, further information relating to application and licences to the appropriate authorities for the purposes of law enforcement and the prevention of fraud.

I/We understand that a compliance check can be carried out by an officer from the issuing local authority at any time.

For more details about how we handle your personal data please see our privacy policy, available online (<https://www.dover.gov.uk/Corporate-Information/PDF/Data-Protection-Act-Policy.pdf>), or on request.

Individual 1:

Full Name:

Signed:

Date:

/ /

Individual 2:

Full Name:

Signed:

Date:

/ /

Individual 3:

Full Name:

Signed:

Date:

/ /

Section 10: Check List	
This form is fully completed, signed and dated by each individual, partner or the company secretary	
Photographs are enclosed for: Individual application/ all partners/ all company directors/ all site managers	
The original basic disclosure certificates are enclosed for: Individual application/ all partners/ all company directors/ all site managers	
The correct fee is enclosed	
Disclosure of Convictions Application completed	