



Application to **AMEND or REPLACE AN EXISTING REGISTRATION** as a **SCRAP METAL DEALER** under the *Scrap Metal Industry Act 2016*

OFFICE USE ONLY										
Application No:	-									
Receipt No:	-									

Please use a BLACK or BLUE PEN. Print clearly within the boxes in CAPITAL LETTERS.

1 CURRENT SCRAP METAL DEALER DETAILS

1.1 Provide the registration number of the scrap metal dealer as it appears on the registration certificate.

REGISTRATION NO: SM

1.2 Provide the full name of the individual, partnership or corporation as it appears on the registration certificate.

NAME OF REGISTERED SCRAP METAL DEALER:

1.3 Provide the Registered Business Name as it appears on the registration certificate (if applicable).

REGISTERED BUSINESS/TRADING NAME:

1.4 Provide the daytime contact number for this application.

DAYTIME CONTACT NUMBER

2 REASON FOR APPLICATION

2.1 What is the reason for this application? Please tick one or more of the following:

- Change of Name of Registered Scrap Metal Dealer..... \$65.00* Go to Section 3.1
- Change of Partnership Details..... \$65.00* Go to Section 3.2
- Change of Business Address and/or Contact Details..... No fee Go to Section 3.3
- Change, Add and/or Delete Business Name..... \$65.00* Go to Section 3.4
- Change, Add and/or Delete Scrap Metal Yard Address/Manager..... \$65.00* Go to Section 3.5
- Replacement Registration Certificate (no changes) \$65.00* Go to Section 4

*For any combination of these amendments, the total fee is \$65.00.

3 CHANGE OF REGISTRATION PARTICULARS

3.1 Change of Name of Registered Scrap Metal Dealer

Provide the name by which the individual/partner is NOW known (if applicable).

LAST NAME

GIVEN NAME(S)

Provide the name by which the corporation is NOW known.

CORPORATION NAME

3.2 Change of Partnership Details (Partnership Registration Only)

Do you want to remove a partner from the partnership?

NO

YES (Provide details of the partner below)

LAST NAME

GIVEN NAME(S)

Do you want to add a partner to the partnership?

NO

YES (Provide details of the partner below)

This section should be completed by the partner being added. If you want to add more than one partner, attach full details of the additional partner(s) as required below.

Partner

Provide your full last name and any given name(s).

LAST NAME

GIVEN NAME(S)

Have you ever been known by any other name(s) (eg: maiden name)?

NO

YES (Provide details below, including when you stopped using the name)

LAST NAME

GIVEN NAME(S)

DATE CEASED

LAST NAME

GIVEN NAME(S)

DATE CEASED

Provide your current residential address (NOT a PO Box) and your postal address (if different from your residential address).

RESIDENTIAL ADDRESS

SUBURB/TOWN

STATE

POSTCODE

POSTAL ADDRESS

(IF SAME AS RESIDENTIAL ADDRESS WRITE 'AS ABOVE')

SUBURB/TOWN

STATE

POSTCODE

Provide your date of birth in the format dd/mm/yyyy. You must also provide your:

- Country of birth
- Telephone number during business hours & mobile number
- Gender (M = Male; F = Female)
- Email address (if applicable)

DATE OF BIRTH

COUNTRY OF BIRTH

GENDER (M or F)

If you were born in Australia, provide the State/Territory and Suburb/Town.

STATE/TERRITORY

SUBURB/TOWN

TELEPHONE NO (BUSINESS HOURS)

MOBILE OR OTHER

EMAIL ADDRESS

You must provide an original certified copy of at least two forms of evidence of your identity with your application.

Tick the acceptable forms of identity attached to this application:

- Birth certificate
 Current passport
 Driver licence
 Certificate of Citizenship
 Government issued photo card

3.3 Change of Business Address and/or Contact Details

Provide only those details you want to change, showing the new details.

PRINCIPAL BUSINESS ADDRESS

SUBURB/TOWN

STATE

POSTCODE

POSTAL ADDRESS

(IF SAME AS RESIDENTIAL ADDRESS WRITE 'AS ABOVE')

SUBURB/TOWN

STATE

POSTCODE

TELEPHONE NO (BUSINESS HOURS)

MOBILE OR OTHER

EMAIL ADDRESS (IF APPLICABLE)

3.4 Change, Add and/or Delete Business Name

Provide the registered business name now required on the registration certificate.

REGISTERED BUSINESS NAME

3.5 Change, Add and/or Delete Scrap Metal Yard Address/Manager

Provide the scrap metal yard address and name of the manager of each scrap metal yard to be used. If you intend using more than five scrap metal yards, attach full details of each additional scrap metal yard, including its address, name of its manager and the manager's contact number.

SCRAP METAL YARD ADDRESS #1

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

SCRAP METAL YARD ADDRESS #2

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

SCRAP METAL YARD ADDRESS #3

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

SCRAP METAL YARD ADDRESS #4

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

SCRAP METAL YARD ADDRESS #5

SUBURB/TOWN STATE POSTCODE

NAME OF MANAGER CONTACT NUMBER

4 REPLACE LOST, STOLEN OR DAMAGED CERTIFICATE

4.1 Complete this section **ONLY** if your registration certificate has been lost, stolen, destroyed, defaced, mutilated or become illegible and you require a replacement with **NO** changes to the details that appear on the certificate.

I require a replacement registration certificate with **NO** changes because my certificate has been:

- Lost or stolen
- Destroyed, defaced, mutilated or become illegible

5 APPLICATION FEE

5.1 An Application Fee of \$65.00 must accompany this application.

Indicate payment method. Cheques and Money Orders are to be made payable to NSW Police Force. **DO NOT SEND CASH.**

Payment by: Cheque Cheque Number

Money Order Money Order Number

Credit Card **ONLY MasterCard and Visa are acceptable.**

MasterCard Visa

Credit Card number

Expiry Date / Amount \$

Cardholder's Name (BLOCK LETTERS) Cardholder's Signature

6 DECLARATION AND CONSENT

6.1 The Applicant must complete and sign the Declaration and Consent. In the case of a Partnership, it is to be completed and signed by one of the partners. In the case of a Corporation, it is to be completed and signed by one of the directors. There are severe penalties for providing information that is false and/or misleading

I, (Print full name) :

- certify that the information contained in this application is true and correct in every detail;
- understand that giving false or misleading information is a serious offence;
- consent to the disclosure by the relevant authority of information needed to verify any details I have given in this application;
- have attached all documents where requested by this application; and
- have attached a cheque or money order or supplied credit card details for the correct fee.

I acknowledge and agree:

- (a) that the NSW Police Force relies on other State and Commonwealth jurisdictions (Other Agencies) to provide information to it (Other Agency Information);
- (b) to release the NSW Police Force from any liability arising from any errors or omissions contained in that Other Agency Information; and
- (c) to release and indemnify those Other Agencies from any actions and demands that I may have available against them arising out of the release by them of Other Agency Information to the NSW Police Force.

The above acknowledgment does not alter any rights I may have under legislation.

SIGNATURE DATE (dd/mm/yyyy) / /

7 APPLICATION CHECKLIST

Please tick that you have:

- Provided an acceptable change of name document (if applicable);
- (Acceptable change of name documents must show a clear link between all the names and are limited to the following:
- Marriage certificate(s) issued by the NSW Registry of Births, Deaths & Marriages or, if married elsewhere, a certified copy of the marriage certificate issued by the celebrant or church
 - Change of Name certificate issued by the NSW Registry of Births, Deaths & Marriages
 - Full birth certificate showing the name at birth and the new name (Extracts and Commemorative certificates are NOT acceptable)
 - Divorce decree
 - Deed poll registered with the relevant authority)
- Provided the corporation's Certificate of Registration of a Company, bearing its Australian Company Number, issued by ASIC (if applicable);
- Provided the Certificate(s) of Registration of Business Name from ASIC (if applicable);
- Signed the Declaration and Consent;
- Provided the correct payment.

Forward the completed application form to:

Security Licensing & Enforcement Directorate
NSW Police Force
Locked Bag 5099
PARRAMATTA NSW 2124

**IMPORTANT:
YOUR APPLICATION WILL BE DELAYED IF IT IS NOT FULLY COMPLETED AND/OR
YOU HAVE NOT PROVIDED THE REQUIRED DOCUMENTATION AND FEE PAYMENT.**