

RESIDENTIAL ADDRESS

SUBURB/TOWN

STATE

POSTCODE

MAILING ADDRESS

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

SUBURB/TOWN

STATE

POSTCODE

2.5 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; O = Other)
- Email address

DATE OF BIRTH

COUNTRY OF BIRTH

GENDER (M, F or O)

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

2.6 You must provide certified copies of **two (2)** documents from the following list, **one of which must contain your photograph**.

Documents must not be expired (other than an Australian passport that has been expired for less than 2 years), or cancelled.

Note: If the name on any document is different to your current name, you must also provide certified copies of acceptable change of name documents.

- **Australian Passport** clearly showing your name, date of birth, photograph, passport number and expiry date (may be expired within last 2 years)
- **Australian Birth Certificate** (not an extract)
- **Australian Citizenship Certificate** (front and back page)
- **Australian Driver Licence**
- **Australian Marriage Certificate**
- **Document that can be used as evidence of immigration status (e.g. Immicard)**
- **Medicare Card**
- **Pensioner Concession Card**
- **Senior's Health Card**
- **Health Care Card**
- **Australian Certificate of Registration by Descent**
- **Foreign Passport** clearly showing your name, date of birth, photograph, passport number, expiry date and country of issue
- **A Veteran Card (e.g. Veteran Gold Card, a Veteran White Card or a Veteran Orange Card)**
- **Australian Proof of Age Card**
- **Aviation Security Identification Card**
- **Maritime Security Identification Card**

2.7 Do you hold a licence within the meaning of the *Motor Dealers and Repairers Act 2013*?

NO

YES (Provide details below including licence number)

2.8 Do you hold a licence within the meaning of the *Tow Truck Industry Act 1998*?

NO

YES (Provide details below including licence number)

3 SCRAP METAL DEALER DETAILS – PARTNERSHIP

Only complete this section if you intend to carry on the business of dealing in scrap metal in partnership. Each partner is a scrap metal dealer under the Act.

You must provide with this application form separate P1263 Additional Registration Information and Consent forms completed by each partner, and certified copies of two forms of acceptable identification documents for each partner.

Attach a separate document if insufficient space to record the name and date of birth of each partner.

Once you have completed this section, go to section 5.

3.1 Provide the following information about the business that will be dealing in scrap metal as recorded on the Australian Business Register.

ABN

ABN HOLDER'S NAME (ABN entity name)

REGISTERED BUSINESS NAMES (if any)

3.2 Provide the following details of each partner of the business that will be dealing in scrap metal. (Must be the ABN holders.)

Partner #1

LAST NAME

GIVEN NAME(S)

DATE OF BIRTH

/ /

Partner #2

LAST NAME

GIVEN NAME(S)

DATE OF BIRTH

/ /

Partner #3

LAST NAME

GIVEN NAME(S)

DATE OF BIRTH

/ /

Partner #4

LAST NAME

GIVEN NAME(S)

DATE OF BIRTH

/ /

3.3 Does one or more partner hold a licence within the meaning of the *Motor Dealers and Repairers Act 2013*?

NO

YES (Provide details below including the licence number and name of the licensee)

3.4 Does one or more partner hold a licence within the meaning of the *Tow Truck Industry Act 1998*?

NO

YES (Provide details below including the licence number and name of the licensee)

4 SCRAP METAL DEALER DETAILS – CORPORATION

Only complete this section if you intend to carry on the business of dealing in scrap metal as a corporation. The corporation is a scrap metal dealer under the Act.

You must provide with this application form separate P1263 Additional Registration Information and Consent forms completed by each officer of the corporation, and certified copies of two forms of acceptable identification documents for each officer.

Once you have completed this section, go to section 5.

4.1 Provide the following information about the business that will be dealing in scrap metal as recorded on the Australian Business Register.

ABN

ABN HOLDER'S NAME (ABN entity name)

REGISTERED BUSINESS NAMES (if any)

4.2 Provide the registered office/business address of the corporation.

ADDRESS (PO BOX not acceptable)

SUBURB/TOWN

STATE

POSTCODE

4.3 Provide the email address and daytime contact number of the corporation.

DAYTIME CONTACT NUMBER

EMAIL ADDRESS

4.4 Provide the mailing address of the corporation.

MAILING ADDRESS

SUBURB/TOWN

STATE

POSTCODE

4.5 Does the corporation hold a licence within the meaning of the *Motor Dealers and Repairers Act 2013*?

NO

YES (Provide details below including the licence number and name of the licensee)

4.6 Does the corporation hold a licence within the meaning of the *Tow Truck Industry Act 1998*?

NO

YES (Provide details below including the licence number and name of the licensee)

5 SCRAP METAL BUSINESS LOCATIONS

You must provide the following information for each location from which the business will be carried on, whether or not a scrap metal yard, other premises or motor vehicle.

5.1 You must provide the following information for each **scrap metal yard** from which the business will be carried on. This includes the name and date of birth of each manager of a scrap metal yard who is the individual responsible for the day-to-day control and management of activities at the yard.

You must provide with this application form separate P1263 Additional Registration Information and Consent forms completed by each manager of a scrap metal yard, and certified copies of acceptable identification documents for each manager.

If you intend to use more than five scrap metal yards, provide the requested information with this application form in a separate document.

SCRAP METAL YARD #1

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

SCRAP METAL YARD #2

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

SCRAP METAL YARD #3

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

SCRAP METAL YARD #4

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

SCRAP METAL YARD #5

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

NAME OF MANAGER

CONTACT NUMBER

5.2 Is an approval required by another Act or law to use each premises specified in 5.1 as a scrap metal yard?

NO (Go to question 5.4)

YES (Go to question 5.3)

5.3 If you answered YES to 5.2, has each approval been obtained?

NO

YES (Provide details below)

5.4 You must provide the following information for **each premises (not being a scrap metal yard)** from which the business of dealing in scrap metal will be carried on.

If you intend to use more than two premises, provide the requested information with this application form in a separate document.

PREMISES #1

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

DAYTIME TELEPHONE NUMBER

NAME OF CONTACT

PREMISES # 2

ADDRESS

SUBURB/TOWN

STATE

POSTCODE

DAYTIME TELEPHONE NUMBER

NAME OF CONTACT

5.5 You must provide the following information for **each motor vehicle** from which the business will be carried on.

If you intend to use more than three motor vehicles, provide the requested information with this application form in a separate document.

MOTOR VEHICLE #1

REGISTRATION NO.

STATE

MOTOR VEHICLE #2

REGISTRATION NO.

STATE

MOTOR VEHICLE #3

REGISTRATION NO.

STATE

6 REGISTRATION FEE

6.1 The registration fee of **\$260** must accompany the application. The registration fee is payable every three years.

Payment MUST be made by Credit Card. Provide your Credit Card details below. ONLY Mastercard and Visa are acceptable. Credit Card payments are subject to a 0.44% merchant fee. DO NOT SEND CASH.

MasterCard VISA

Credit Card number

Expiry Date

Amount \$

Cardholder's Name (BLOCK LETTERS)

Cardholder's Signature

7 DECLARATION AND CONSENT

7.1 The application form, and the declaration and consent, must be completed and signed by:

- the individual that will carry on the scrap metal business, or
- in the case of a partnership, one of the partners, or
- in the case of a corporation, an authorised officer of the corporation.

Significant penalties apply for providing information that is false and/or misleading.

I, (Print full name)

- certify that the information I have provided 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 provided in this application;
- consent to and do request Australian police agencies to release, to the NSW Police Force, information held by them regarding any convictions, findings of guilt (either with or without conviction) and any matters still outstanding against me and any other matters deemed relevant that are recorded against me, whether in my current name or a previous name;
- authorise disclosure to the NSW Police Force by New Zealand Police of ANY information that may be held by NZ Police, including any interaction I have had with NZ Police in any context or any information received by NZ Police. I understand that this is not limited to conviction information. Where that information relates to any record of criminal convictions I might have, I understand that it will automatically be concealed if I meet the eligibility criteria stipulated in section 7 of the NZ Criminal Records (Clean Slate) Act 2004;
- am duly authorised to make this application, declaration and consent (if the business is to be carried on in partnership or by a corporation); and
- have supplied credit card details for the correct registration 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)

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8 APPLICATION CHECKLIST

Please tick that you have:

- Provided all required P1263 Additional Registration Information and Consent forms and certified copies of acceptable identification documents.
- Provided, if applicable, acceptable change of name documents. Acceptable change of name documents must show a clear link between all your names and are limited to the following:
 - marriage certificate(s) issued by the NSW Registry of Births, Deaths & Marriages or, if you were 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 your name at birth and your new name (extracts and commemorative certificates are NOT acceptable)
 - divorce decree
 - deed poll registered with the relevant authority
 - instrument evidencing change of name registered in the Land Titles Office.
- Provided the correct payment.

Mail the completed application form and all additional forms and documents to:

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

IMPORTANT:
YOUR APPLICATION CANNOT BE CONSIDERED IF NOT FULLY COMPLETED OR YOU HAVE NOT PROVIDED ALL REQUIRED DOCUMENTS AND REGISTRATION FEE.