



Application for **Registration as a Scrap Metal Dealer** under the *Scrap Metal Industry Act 2016*

| OFFICE USE ONLY | | | | | | | | | | |
|-----------------|---|--|--|--|--|--|--|--|--|--|
| Application No: | - | | | | | | | | | |
| Receipt No: | - | | | | | | | | | |

This application form is to be used to apply for registration as a scrap metal dealer under the *Scrap Metal Industry Act 2016* only.
IF APPROVED, REGISTRATION WILL BE GRANTED FOR A PERIOD OF THREE YEARS.

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

1 TYPE OF APPLICANT

1.1 Is the applicant for registration an individual, partnership or corporation?

Individual
 Partnership
 Corporation

2 INDIVIDUAL APPLICANT DETAILS

2.1 Only complete this section if you intend to conduct business as an Individual (i.e. as a sole trader). Once you have completed this section, go to Section 5.

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

| | |
|----------------------|----------------------|
| LAST NAME | GIVEN NAME(S) |
| <input type="text"/> | <input type="text"/> |

2.2 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| LAST NAME | GIVEN NAME(S) | DATE CEASED |
| <input type="text"/> | <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |

2.3 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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

| | | |
|----------------------|----------------------|----------------------|
| SUBURB/TOWN | STATE | POSTCODE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

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

| | | |
|--|----------------------|----------------------|
| DATE OF BIRTH | COUNTRY OF BIRTH | GENDER (M or F) |
| <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

| | |
|----------------------|----------------------|
| STATE/TERRITORY | SUBURB/TOWN |
| <input type="text"/> | <input type="text"/> |

| | | |
|--|---|-------------------------------|
| TELEPHONE NO (BUSINESS HOURS) | MOBILE OR OTHER | EMAIL ADDRESS (IF APPLICABLE) |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> |

2.5 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 PARTNERSHIP APPLICANT DETAILS

3.1 Only complete this section if you intend to conduct business as a Partnership. If there are more than two partners, attach full details of the additional partner(s) as required below. Once you have completed this section, go to Section 5.

Note: All correspondence relating to the registration will be sent to the postal address of Partner #1.

Partner #1

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

| | |
|-----------|---------------|
| LAST NAME | GIVEN NAME(S) |
|-----------|---------------|

3.2 Have you have 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 |
| | | □□ / □□ / □□□□ |

3.3 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 |
|-------------|-------|----------|

3.4 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 (IF APPLICABLE) |
| □□ □□□□□□□□ | □□□□□□□□□□ | |

3.5 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

3.6 Partner #2

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

LAST NAME

GIVEN NAME(S)

Have you have 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 (IF APPLICABLE)

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

4 CORPORATION APPLICANT DETAILS

- 4.1 Only complete this section if you intend to conduct business as a Corporation. Once you have completed this section, go to Section 5. Provide the full name of the corporation. You must provide an original certified copy of the Certificate of Registration of a Company, bearing its Australian Company Number (ACN), issued by ASIC.

CORPORATION NAME

ACN

- 4.2 Provide the registered office address of the corporation.

REGISTERED OFFICE ADDRESS (PO BOX not acceptable)

SUBURB/TOWN

STATE

POSTCODE

- 4.3 Provide the principal place of business address of the corporation, daytime contact number and email address (if applicable).

PRINCIPAL BUSINESS ADDRESS (IF SAME AS REGISTERED OFFICE ADDRESS, WRITE 'AS ABOVE').

SUBURB/TOWN

STATE

POSTCODE

DAYTIME CONTACT NUMBER

EMAIL ADDRESS (IF APPLICABLE)

- 4.4 Provide the postal address of the corporation. All mail in connection with this registration will be sent to this address.

POSTAL ADDRESS

SUBURB/TOWN

STATE

POSTCODE

5 BUSINESS DETAILS

- 5.1 You must answer ALL questions in this section. Penalties apply for omissions, false or misleading information. You must provide an original certified copy of your Certificate of Australian Business Number (ABN) from the Australian Business Register. Please note: the ABN must be in the applicant's name.

ABN

- 5.2 If you are operating under a registered Business/Trading Name, you must provide a copy of your Certificate of Registration of Business Name from ASIC. If you have more than one registered Business/Trading Name, you must provide a copy of the Certificate of Registration of Business Name for EACH registered Business/Trading Name.

Are you operating under a registered Business/Trading Name(s)

NO

YES

(Provide details below)

REGISTERED BUSINESS/TRADING NAME

- 5.3 Each scrap metal yard must have an individual who has responsibility for the day-to-day control and management of activities at the scrap metal yard.

You must 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

6 APPLICATION FEE

6.1 An Application Fee of \$210.00 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

7 DECLARATION AND CONSENT

- 7.1 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)

 / /

8 APPLICATION CHECKLIST

Please tick that you have:

- Provided the applicant's Certificate of Australian Business Number (ABN) from the Australian Business Register;
- 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);
- Provided acceptable forms of identity (if applicable);
- Provided original certified copies of relevant documents - EACH PAGE that has been photocopied must be signed by a Justice of the Peace, Legal Practitioner or Public Notary as a true and correct copy of the original; and
- 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.