

Application for Variation of a Scrap Metal Dealers Licence

Scrap Metal Dealers Act 2013

1	Application Type	<input type="checkbox"/> Change of Site Complete section 1, 2 and 6 <input type="checkbox"/> Change of Licence Type (Site to Collector) Complete section 1 and 6 <input type="checkbox"/> Change of Licence Type (Collector to Site) Complete sections 1, 2a, 5 and 6 <input type="checkbox"/> Change of Site Manager Complete section 1, 3, 5 and 6 <input type="checkbox"/> Change of Details Complete sections 1, 4 and 6
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SECTION 1 (GENERAL)

2	Applicant's Name*	
*(must be completed by or on behalf of the existing licence holder)		
3	Current Licence Number	
4	Please provide a brief description of the proposed variation	
5	When do you want the amendments to take effect?	

SECTION 2 (CHANGE OF SITE)

A) Site to be added to licence?

6	Address	
		Telephone Number:
7	Planning permission?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Name of Site Manager	
9	Date of Birth of Site Manager	
10	Address of Site Manager	
		Telephone Number:
11	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B) Site to be removed from licence?

12	Address	
		Telephone Number:

SECTION 3 (CHANGE OF SITE MANAGER)

13	Address of Site	Telephone Number:
14	Name of Existing Site Manager	
15	Name of New Site Manager	
16	Date of Birth of New Site Manager	
17	Address of Site Manager	Telephone Number:
18	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 (CHANGE OF DETAILS)

19	Details to change	<input type="checkbox"/> Name/Address of Licence Holder <input type="checkbox"/> Name/Address of Site Manager <input type="checkbox"/> Other (please specify) _____
20	New Details	

SECTION 5 (RELEVANT OFFENCES)

21	Have any newly-listed site managers in this application (not previously connected to the licence) ever been convicted of a relevant offence or been the subject of any relevant enforcement action? (Please see below for a list of relevant offences).	<input type="checkbox"/> Yes <input type="checkbox"/> No*
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*If no, please proceed to section 10

	Name	Date	Offence	Court	Sentence
1					
2					
3					
4					
5					
6					
7					

Where necessary, please use a continuation sheet

SECTION 6 (DECLARATION AND SIGNATURE)

The information contained in this form is true and accurate to the best of my knowledge and belief. I understand that if I make a material statement knowing it to be false, or if I recklessly make a material statement which is false, I will be committing an offence under Schedule 1 Para 5 of the Scrap Metal Dealers Act 2013, for which I may be prosecuted, and if convicted, fined.

I understand that the local authority to whom I make my application may consult other agencies about my suitability to be licensed as a scrap metal dealer, as per section 3(7) of the Scrap Metal Dealers Act 2013, and that those other agencies may include other local authorities, the Environment Agency, the Natural Resources Body for Wales, and the police.

I understand that the purpose of the sharing of this data is to form a full assessment of my suitability to be licensed as a scrap metal dealer. I also understand that the sharing of information about me may extend to sensitive personal data, such as data about any previous criminal offences. Some details will also be displayed on a national register, as required by the Scrap Metal Dealers Act 2013. I hereby expressly consent to this processing of my data and display of relevant information on the public register.

56	Signature of applicant(s)	<u>1</u>	<u>2</u>
57	Name of applicant(s)		
58	Date of signature		

This authority is under a duty to protect the public funds it administers, and to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds for these purposes.

Office Use Only

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Temporary or Official Receipt No: