

**ENVIRONMENTAL SERVICES  
APPLICATION FOR REGISTRATION AS A SCRAP METAL DEALER OR MOTOR SALVAGE  
OPERATOR**

**People involved in running the business**

<p><b>Please tick the box that applies to you</b></p>	<p>Sole Trader <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/></p> <p>Limited Company <input type="checkbox"/></p>
<p><b>Sole Trader</b></p>	<p><b>Full name and home address:-</b>                  .....                  .....</p> <p><b>Date of birth:-</b> ..... <b>Tel:-</b>.....</p> <p><b>Place / district / borough of birth:-</b> .....</p> <p><b>National insurance number:-</b> .....</p> <p><b>Business address:-</b>                  .....                  .....</p>
<p><b>If the business operates as a partnership or limited company, please provide details of each partner or director</b></p>	<p><b>1. Full name and home address:-</b>                  .....                  .....</p> <p><b>Date of birth:-</b> ..... <b>Tel:-</b>.....</p> <p><b>Place / district / borough of birth:-</b> .....</p> <p><b>National insurance number:-</b> .....</p> <p><b>2. Full name and home address:-</b>                  .....                  .....</p> <p><b>Date of birth:-</b> ..... <b>Tel:-</b>.....</p> <p><b>Place / district / borough of birth:-</b> .....</p> <p><b>National insurance number:-</b> .....</p> <p><b>3. Full name and home address:-</b>                  .....                  .....</p> <p><b>Date of birth:-</b> ..... <b>Tel:-</b>.....</p> <p><b>Place / district / borough of birth:-</b> .....</p> <p><b>National insurance number:-</b> .....</p> <p><b>(please use a continuation sheet if necessary)</b></p>

<b>Business Trading Name(s)</b>	<b>The name(s) under which the business operates:-</b> ..... ..... ..... .....
<b>Full postal address of all business premises used for scrap metal or motor salvage operations</b>	..... ..... .....
<b>Registered office address if you are a Limited Company</b>	..... ..... ..... .....
<b>Owner / manager / contact name for enquiries relating to this registration</b>	<b>Name:-</b> ..... <b>Telephone number:-</b> .....

**Type of Business Carried Out**

<b>Please tick the box(es) that apply to the operations carried out at this site</b>	<b>Scrap Metal</b> <input type="checkbox"/> <b>Now go to the Declaration.</b> <b>Motor Salvage Operator</b> <input type="checkbox"/> <b>Please continue below.</b>
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**Previous History**

This section is only to be completed if you are applying for registration as a Motor Salvage Operator.

Is anyone named in this form an undischarged bankrupt?

YES  NO

If yes please provide full names below:-

.....  
.....

Has anyone named in this form been convicted of or formally cautioned for any of the specified offences set out on the attached sheet during the last 10 years?

YES  NO

Please ensure that all persons named in this form complete the Police Vetting Form attached.

Please supply details of any County Court Judgements against the business or it's principals over the past 5 years:-

.....  
.....  
.....  
.....

Please indicate if this is an initial application or an application for renewal:-

- Initial application  
 Renewal application

Has any previous application for registration by yourself or any other person named on this form been refused?

YES  NO

If yes please state which local authority and the reason for refusal:-

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.....  
.....  
.....  
.....

## Declaration

I have read and understand the guidance notes for registration as a scrap metal dealer / motor salvage operator (*delete as appropriate*).

I understand that this application will be subject to a Police vetting check in accordance with Government guidelines. I agree to particulars of any previous convictions / warnings being disclosed to any other person named on this form.

I hereby apply to be registered as a scrap metal dealer / motor salvage operator (*delete as appropriate*).

Full name of person signing this form (in block capitals please)	
Position in the business	
Signature	
Date	

**Please note that it is an offence to provide false information**

# On this application form for registration

## Specified Offences

In deciding whether someone is a fit and proper person to carry on business as a motor salvage operator, the local authority must have regard to whether the applicant has been convicted of any of the following offences:-

### Vehicles (Crime) Act 2001

- Theft or attempted theft of or from a motor vehicle (Theft Act 1968, Section 1).
- Taking a motor vehicle without consent (Theft Act 1968, Section 12).
- Aggravated vehicle taking (Theft Act 1968, Section 12A).
- Handling stolen goods (Theft Act 1968, Section 22).
- Going equipped to steal or take a motor vehicle (Theft Act 1968, Section 25).
- Interference with a motor vehicle (Criminal Attempts Act 1981, Section 9).
- Tampering with a motor vehicle (Road Traffic Act 1988, Section 25).

The authority will also have regard to whether the applicant or any directors or partners of the business are undischarged bankrupts. You must provide details of any convictions or cautions which may be recorded against any person named in the application during the past 10 years. The Directorate will have full regard to the provisions of the Rehabilitation of Offenders Act 1974 in discounting convictions which are regarded as spent.

1. Full name of Defendant:- .....

Full details of offences, fines and sentence:- .....

.....

.....

.....

Court/Police Force:- .....

Date of conviction:- .....

2. Full name of Defendant:- .....

Full details of offences, fines and sentence:-

.....

.....

.....

Court/Police Force:- .....

Date of conviction:- .....

(Please use a continuation sheet if necessary)

**Request for a police check in respect of application  
to be a registered motor salvage operator**

**Notes for Applicants**

(Police Vetting Form MUST be completed by all applicants and returned)

You should be aware that as part of your application for a licence to be registered as a 'Motor Salvage Operator' in accordance with the Vehicle (Crime) Act 2001:-

1. You are required to disclose any previous convictions or cautions for criminal offences as specified by the Vehicle Crime Act 2001.
2. Convictions and cautions can be taken into account by the local authority when considering your application.
3. Convictions or cautions that are regarded as 'spent' under the Rehabilitation of Offenders Act 1974 need not be declared; neither will they be taken into account.

Please note that if for the purposes of obtaining a Motor Salvage Operators Registration you make any false statements or omit any material, you will be guilty of an offence and liable to prosecution.

**Part A - To be completed by EACH APPLICANT**

(Photocopy if necessary)

**I am aware that application for registration as a Motor Salvage Operator is subject to a police record check. I give permission for police checks to be conducted on me. I also hereby give my permission for any information from this police check which could affect my application or the Company's or Partnership's Registration (in the case of a joint or multiple application) as a Motor Salvage Operator, to be disclosed to the Nominated Officer/s of the Local Authority and any other person named in the application for which this police check is required. I also declare that the information given below is true:-**

Signature of Applicant ..... Date .....

Surname .....

All Forenames .....

Maiden Name ..... Previous Surname .....

Date of Birth ..... Place of Birth .....

Sex ..... Height .....

Present Address .....  
.....

Postcode .....

Previous Addresses in the last 5 years <i>Continue on a separate sheet if necessary,</i>	Date	From	To
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Have you ever been convicted or cautioned by the police for any offences as specified by the vehicle crime act 2001?**

YES  NO

If **YES**, provide details below, including approximate date, the offence and the court or police force which dealt with you.

The information given here may be used in conjunction with other Local Authorities for the prevention and detection of crime and held on computer, which is subject to the data Protection Act 1998.

**Part B - To be completed by the NOMINATED OFFICER**

The details provided have been verified against two of the following:-

Photo Driving Licence                      Birth Certificate                      Passport

and I am satisfied they are accurate.

The subject has been checked previously / was checked on (date) .....

Signed ..... Date .....

Name ..... Contact Telephone No .....



**Part C - For POLICE use only**

Date Application Received .....

No Trace on Details Supplied

Subject may be identical with the person whose record of previous convictions are attached

Signed ..... Date .....

**ALL FORMS TO BE RETURNED UNDER CONFIDENTIAL COVER**

Details of Convictions or Cautions (Name, Date, Offences, Court/Police force):-

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.....  
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.....  
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