

Environmental Health

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SCRAP METAL DEALERS ACT 1964

Application for Registration with the Local Authority

Full Name(s) of Dealer(s):	
Address: Place of residence or, if a body corporate the registered or principle office	
Address of place(s) occupied as scrap metal store(s) or:	
Is business carried on from residence only with store? or:	Yes/No
Is business carried on from any business premises without store?	Yes/No If yes, state address:

I/WE CERTIFY that to the best of [my] [our] knowledge and belief, the above particulars are true.

DatedSigned†

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†If signing on behalf of a Company or Partnership, state in what capacity

Note: ANY ALTERATIONS OF THE PARTICULARS GIVEN OR IF THE DEALER CEASES TO CARRY ON BUSINESS AS A SCRAP METAL DEALER, NOTICE MUST BE GIVEN TO THE ABOVE WITHIN 28 DAYS.

Registration is required every 3 years