



**South  
Derbyshire  
District Council**

**Scrap Metal Dealers Act 2013**

**Application to vary a Scrap Metal Dealer's Licence**

**SECTION 1. (for all applicants)**

Existing licence number:

Type of variation: (please tick):

- Vary a collectors licence to a site licence (*complete sections 2, 3, 5, 11 & 12*)
- Vary a site licence to a collectors licence (*complete sections 2, 4, 5, 11 & 12*)
- Change of name or address of the licensee (*complete sections 2, 6, 11 & 12*)
- Add a site on your licence (*complete sections 2,5, 11 & 12*)
- Remove a site on your licence (*complete sections 2, 8, 11 & 12*)
- Change details of a site(s) on your licence (*complete sections 2, 9, 11 & 12*)
- Change a site manager (*complete sections 2, 10, 11 & 12*)

**SECTION 2 - APPLICANTS DETAILS (current details)**

Name :

Address :

City :

Post Code :

Telephone No:

Email :

**SECTION 3 - VARY A COLLECTORS LICENCE TO A SITE LICENCE**

**N.B- A site licence authorises the licensee to carry on business at a site in the authority's area. You can apply to license multiple sites using this form.**

**Site details.**

Please list the details for each site where you propose to carry on business as a scrap metal dealer in this local authority area. If you operate more than two sites in the area please provide details for each site on a continuation sheet.

[N.B- If the applicant operates multiple sites within a licensing authority area, provision should be made for more than one site manager]

Full address of each site you intend to carry out business as a scrap metal dealer:	Site manager(s) details (if different from the applicant)
<p><b>Site 1</b></p> <p>Name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Telephone number:</p> <p>Email address:</p> <p>Website address:</p>	<p>Name:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Date of Birth:</p> <p><b>Basic Disclosure certificate attached:</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>1</sup></p>
<p><b>Site 2</b></p> <p>Name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Telephone number:</p> <p>Email address:</p> <p>Website address:</p>	<p>Name:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Date of Birth:</p> <p><b>Basic Disclosure certificate attached:</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<sup>1</sup> If you do not provide a disclosure certificate issued for named persons by Disclosure Scotland issued no more than one month before the date of this application your application may be delayed or rejected.

Please provide details of any site in the area of any other local authority at which the applicant carries on business as a scrap metal dealer or proposes to do so:

Address:

Postcode:

Please name the local authority which has licensed this site, or to whom applications have been made: Please continue on a separate sheet of paper if necessary.

*Only applicable to sites established after 1 November 1990*

Do you have planning permission (please tick)

Yes  No

#### **SECTION 4. VARY A SITE LICENCE TO A COLLECTORS LICENCE**

**N.B- A collector's licence authorises the licensee to carry out business as a mobile collector in the authority's area only.**

**Contact details** (we will use your business address to correspond with you unless you indicate we should use your home address)

**Business Address:**

House name or number:

First line of address:

Town/City:

Postcode:

Telephone numbers:

Daytime:

Evening:

Mobile:

Email:

**Home address:**

House name or number:

First line of address:

Town/City:

Postcode:

Email address (if you would prefer us to correspond with you by email):

Please note that you must still provide us with a postal address

**Vehicle details:**

If you have more than 4 vehicles, please provide details for each vehicle on a continuation sheet.

How many vehicles will be used in your business as a collector?

**Vehicle 1:**

Vehicle Registration No:

MOT expiry date:

Insurance expiry Date:

**Vehicle 2:**

Vehicle Registration No:

MOT expiry date:

Insurance expiry Date:

**Vehicle 3:**

Vehicle Registration No:

MOT expiry date:

Insurance expiry Date:

**Vehicle 4:**

Vehicle Registration No:

MOT expiry date:

Insurance expiry Date:

**Driver Details:****Full name****Date of Birth****Residential address****Relevant Convictions**

Where will scrap metal that has been purchased be stored before further disposal?

House name or number:

First line of address:

Town/City:

Postcode:

Will not be stored

### SECTION 5. MOTOR SALVAGE

Will your business consist of acting as a motor salvage operator? This is defined as a business that:

- wholly or in part recovers salvageable parts from motor vehicles for re-use or re-sale, and then sells the rest of the vehicle for scrap;
- wholly or mainly involves buying written-off vehicles and then repairing and selling them off; and,
- wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling them off.

(please tick)

Yes  No

### SECTION 6. – CHANGE OF NAME / ADDRESS OF THE LICENCE HOLDER

Current Name	New Name
Current Address	New Address

Contact Tel No:

Email Address:

**SECTION 7. – ADD A SITE(S)****Site details.**

Please list details for each new site. If you wish to add more than two sites in the area please provide details for each site on a continuation sheet.

[N.B- Provision should be made for more than one site manager]

Full address of each additional site you intend to carry out business as a scrap metal dealer:

Site manager(s) details

**Site 1**

Name or number:

Name:

First line of address:

House name or number:

Town/City:

First line of address:

Postcode:

Town/City:

Telephone number:

Postcode:

Email address:

Date of Birth:

Website address:

**Basic Disclosure certificate attached:**

Yes  No  <sup>2</sup>

**Site 2**

Name or number:

Name:

First line of address:

House name or number:

Town/City:

First line of address:

Postcode:

Town/City:

Telephone number:

Postcode:

Email address:

Date of Birth:

Website address:

**Basic Disclosure certificate attached:**

Yes  No

<sup>2</sup> If you do not provide a disclosure certificate issued for named persons by Disclosure Scotland issued no more than one month before the date of this application your application may be delayed or rejected.

**SECTION 8. – REMOVE A SITE(S)**

**Site details.**

Please list the details for each site which you wish to remove. If you wish to remove more than two sites in the area please provide details for each site on a continuation sheet.

**Site 1**

Name or number:

First line of address:

Town/City:

Postcode:

Telephone number:

Current Site Manager:

**Site 2**

Name or number:

First line of address:

Town/City:

Postcode:

Telephone number

Current Site Manager:

**SECTION 9. – CHANGE OTHER DETAILS OF A SITE(S) ON YOUR LICENCE**

OLD DETAILS	NEW DETAILS
<b>Site 1</b>	
<b>Site 2</b>	

**SECTION 10. – CHANGE OF SITE MANAGER**

<b>Site 1 Name and Address</b>	<b>Current Site Manager Name:</b>  <b>New Site Manager details:</b> Name: House name or number: First line of address: Town/City: Postcode: Date of Birth:  <b><i>Basic Disclosure certificate attached:</i></b> Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>3</sup>
<b>Site 2 Name and Address</b>	<b>Current Site Manager name:</b>  <b>New Site Manager details:</b> Name: House name or number: First line of address: Town/City: Postcode: Date of Birth:  <b><i>Basic Disclosure certificate attached:</i></b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<sup>3</sup> If you do not provide a disclosure certificate issued for named persons by Disclosure Scotland issued no more than one month before the date of this application your application may be delayed or rejected.



**SECTION 11. CRIMINAL CONVICTIONS (For all applicants)**

Have you, any listed partners, any listed directors, or any listed site manager(s) in this application ever been convicted of a relevant offence or been the subject of any relevant enforcement action? (Please see list of relevant offences).

Yes  No

If 'yes' you must provide details for each conviction, the date of the conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed:

**SECTION 12. DECLARATION & CHECKLIST (For all applicants)**

<b>Have you enclosed the following:</b>	<b>(tick)</b>
Appropriate fee (£75.00)	
Disclosure Scotland certificate (CRB) less than 1 month old where applicable	
Supporting documentation for a change of name/address	
Enclosed the original scrap metal dealers licence	

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.

Signed:

Date:

Capacity: