



DEPARTMENT OF PROFESSIONAL LICENSING REGISTRY FOR SECONDARY METALS RECYCLERS

P.O. Box 1360, Frankfort, Kentucky 40602 (Regular Mail)
500 Mero St., 2 SC 32, Frankfort, Kentucky 40601 (Courier/Special Delivery)
(502) 892-4264 ~ <http://dop.ky.gov>

APPLICATION FOR REGISTRATION AS A SECONDARY METALS RECYCLER

SECTION I: APPLICANT INFORMATION

Please type or print clearly.

Initial Application

Renewal Application _____

Registration #

a. Please fill out completely.

Name of Business or Employer

Date of Incorporation

Business Address (Physical location only. P.O. Boxes will not be accepted)

City

County

State

Zip Code

Work Phone Number

Fax Number

Cell Phone Number

Last Name

First Name

Middle I.

Street Address (Physical location only. P.O. Boxes will not be accepted)

City

County

State

Zip Code

Email Address

Date of Birth

b. Please list any additional business locations. Attach additional sheets if necessary.

Business Address (If different from address listed above. P.O. Boxes will not be accepted)

City

County

State

Zip Code

Work Phone Number

Fax Number

Cell Phone Number

SECTION II: HOURS OF OPERATION

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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SECTION III: BUSINESS STRUCTURE & MEMBERSHIP

Please check the option that best describes your business.

Corporation Limited Liability Company Partnership Individual Other

If the business is a corporation, provide the registered agent's contact information:

Registered Agent's Name

Registered Agent's Phone Number

Street Address (Physical location only. P.O. Boxes will not be accepted)

City

County

State

Zip Code

If the secondary metals recycler is owned by a corporation, limited liability corporation, limited liability partnership, incorporated association, or any other entity organized for the purpose of engaging in business as a secondary metals recycler, "applicant" means the officers of these entities. Attach additional sheets if necessary.

Name	Address	Position

SECTION IV: APPLICANT AND BUSINESS MEMBERSHIP CONDUCT

Please review questions 1 and 2 carefully before answering. Please answer the questions in regard to the applicant and every individual listed in response to Section III.

1. Has the applicant, or anyone named in response to Section III in the above, been convicted of, or entered a plea of guilty, an Alford plea or a plea of nolo contendere to, a felony involving theft, larceny, dealing in stolen property, receiving stolen property, burglary, embezzlement, or obtaining property by false pretenses, any felony drug offense, or knowingly and intentionally violating the laws of the Commonwealth relating to registration as a secondary metals recycler?

Yes No

2. Has there been any denial of an application for, suspension or revocation of, or refusal to renew, the registration of licensure of the applicant or any person named in the response to Section III above?

Yes No



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If you answer yes to any of the questions above, please explain the circumstances fully on a continuation sheet.

SECTION V: CERTIFICATION

- a.) I certify that the contents of this application for registration as a secondary metals recycler as submitted to the Kentucky Office of Occupations and Professions is true and correct in its entirety. In addition, I hereby pledge to follow all laws, administrative regulations, and standards set forth under Kentucky Revised Statutes Chapter 13 A.
- b.) I certify that applicant shall maintain at its place of business, an e-mail address, facsimile, or other equipment of similar function on which notifications of stolen restricted metals, ferrous metals, and nonferrous metals may be expeditiously received from law enforcements officials or electronic metal theft notification systems. I certify further that the equipment shall be operable at all times during the applicant's customary business hours. The applicant will notify the Office of Occupations and Professions of the Public Protection Cabinet within two (2) days of any change to the contact information used for the purposes of these notifications.

Signature

Date

REQUIRED SUPPORTING MATERIAL

- Statewide criminal background check issued by the Kentucky State Police. Background checks can be expected in 10 – 14 working days For further information concerning your background check, please contact:

Kentucky State Police
Criminal Identification and Records Branch
Criminal Dissemination Section
1266 Louisville Road
Frankfort, KY 40601
(502) 782 - 9781
Website: <http://www.kentuckystatepolice.org>

FOR OFFICE USE ONLY

- Application fee in the amount of seventy-five dollars (\$75.00) for each business location. All fees must be paid by check or money order made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.



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Registration Fee:	
Date Fee Paid:	
Registration Number:	
Date Certificate Issued:	