



APPLICATION TO BE A REGISTERED MOTOR SALVAGE OPERATOR

The Motor Salvage Operators Regulations 2002 and Vehicle (Crime) Act 2001

To:

[Insert name and address of the Council in whose area the premises is located]

Please note:

I realise that if for the purpose of obtaining a Motor Salvage Operators Registration I make any false statement or omit any material particular, I shall be guilty of an offence and liable to prosecution. □□

All applicants must attend in person when making the application.

Please continue answers on a separate sheet of paper if necessary

1. Full name address(es) and telephone number(s) of applicant(s)

1.		
Postcode		Telephone No.

2.		
Postcode		Telephone No.

3.		
Postcode		Telephone No.

4.		
Postcode		Telephone No.

2. Date(s) of birth of all applicant(s)

(1) (3)

(2) (4)

3. National Insurance numbers of all applicant(s)

(1) (3)

(2) (4)

4. Full name(s) address(es) and telephone number(s) of directors if applicant is a company, or partners if applicant is a partnership.

1.	
Postcode	Telephone No.

2.	
Postcode	Telephone No.

3.	
Postcode	Telephone No.

4.	
Postcode	Telephone No.

5. Name(s) under which the business trades:

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6. Full postal address(es) of all business premises used for salvage operations (including offices) within the Local Authority area.

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7. State whether this is a NEW APPLICATION or RENEWAL

8. Have you ever been registered as a salvage operator previously? YES/NO

If YES, by which Local Authority?

9. Have you ever had an application to become a Registered Motor Salvage Operator refused? YES/NO

If YES, please give details of Local Authority and reason for refusal:

10. Are you or any of the applicants/directors/partners in the company (named at 4) an un-discharged bankrupt? YES/NO

11. Have you **EVER** been convicted of any offence other than a driving offence: YES/NO

12. If answer to question 11 is YES please give details of date, offence, sentence and court. **Items previously disclosed must be disclosed again.**

I/we, the undersigned, hereby apply for registration as a motor salvage operator within the above mentioned Council and I/we declare that to the best of my/our knowledge and belief the statements given in this form are true and correct.

I understand that this registration will expire 3 years after it has been first granted, and a newly completed application form will need to be submitted to the local Authority two months before the expiry of the existing registration, together with the registration fee current at that time.

I further understand that once the completed application form has been submitted it will be submitted to the local police for comment.

Signature of Applicant (1) Date

Print Name:

Signature of Applicant (2) Date

Print Name:

Signature of Applicant (3) Date

Print Name

Signature of Applicant (4) Date

Print Name

Checklist:

1. Registration fee (see current fees list) for 3 years from grant of registration
2. Police Check Form
3. Photo Identification (Certified copy by Licensing Officer)

This application should be taken to:

**Northamptonshire Licensing Partnership
East Northamptonshire Council
East Northamptonshire House
Cedar Drive
Thrapston
Northamptonshire NN14 4LZ
Tel: 01832 742066
Fax: 01832 742192 DX: 701611 Thrapston
Email: licensing@east-northamptonshire.gov.uk
Website: www.northantslicensing.gov.uk**

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