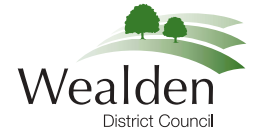


Application to be a Registered Scrap Metal Dealer

Scrap Metal Dealers Act 1964



Form ARSMD1

To: The Head of Environmental Protection
Wealden District Council, Council Offices
Vicarage Lane, Hailsham
East Sussex, BN27 2AX

1. Surname (block capitals please)

Other names

2. If a limited company, state name of company and address of Registered/Principal Office

..... Postcode

3. Scrap Metal Stores

(a) Show below the address of each place **within** Wealden District where scrap metal is received or kept by you in the course of your business as a scrap metal dealer:

(i)

(ii)

(iii)

If none, write 'None' (continue on separate sheet if necessary).

(b) Is any place **outside** Wealden District occupied by you as a scrap metal store? Yes No

4. Other premises occupied

Do you occupy any other place **within** Wealden District for the purposes of your scrap metal business? Yes No

If Yes, give address

..... Postcode

5. Place of Residence

Is your usual place of residence **within** Wealden District? Yes No

If Yes, give address

..... Postcode

I/We hereby apply for registration as a Scrap Metal Dealer

Signed Date