

Application for Motor Salvage Operator Registration

Please read the guidance notes, then complete all sections using capital letters and continue answers on a separate sheet if necessary: present the form in person at the Council Offices (by appointment). The information that you provide will be copied to the Police, as part of the application process.

1	Full name(s) of Applicant - include any previous surnames
2	List Home Address(es) for the last five years (with dates)
3	Contact Telephone Number
4	Date, Place of Birth and Sex
5	National Insurance Number
6	If the business is a Company: Full Name(s), Address(es) and Telephone Number(s) of Directors Name(s)
7	Trading Name of Motor Salvage Business
8	Full Postal Address(es) of all Business Premises used for salvage operations (including offices) in the Wychavon District Council area
9	Have you previously registered as a salvage operator? If Yes give name of Authority YES/NO
10	Have you ever had an application to become a Registered Motor Salvage Operator refused? If YES give name of authority and reasons YES/NO
11	Are you or any person named at 6 above an un-discharged bankrupt ? YES/NO

12a Have you ever been convicted of/cautioned for any offence other than a driving offence? YES/NO			
12b If the above answer is YES please give the following details (<i>Items previously disclosed must be disclosed again</i>)			
Date	Court or Police Force	Offence	Sentence or Fine

I/we 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 force, requesting disclosure of relevant convictions/ cautions.

In signing this declaration for the purpose of obtaining a Motor Salvage Operator Registration I know that if I make any false statement or omit any material particular, I shall be guilty of an offence and liable to prosecution.

Applicant's Signature

Dated

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

Please telephone the Licensing Team - 01386 565016 - to make an appointment to start your application.

You will be required to attend in person at Wychavon District Council, Queen Elizabeth Drive, Pershore, Worcs, WR10 1PT with this form, fully completed, the registration fee and proof of identity i.e. Driving Licence, Passport and recent utility bill

Reference:

Licensing Authority use ONLY

First Check?	Evidence Seen
Person Checking Identification	The details provided above have been verified and I am satisfied they are accurate Signature

West Mercia Police use ONLY

<u>Actioned</u>	* NO trace in our records * Conviction/ Caution details attached (*DELETE AS APPROPRIATE)
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