



26 - Scrap Metal Registration Program
 2601 - Scrap Metal Dealers
 2010 - Renewal
 Entity _____
 Transaction _____

Scrap Metal Dealer Renewal

All information must be typed or legibly printed and **all questions must be answered**. Submit your completed application and a \$125 non-refundable application fee (made payable to the State of Tennessee) to the following address: *Scrap Metal Registration Program, 500 James Robertson Parkway, Nashville, TN 37243.*

Full Name: _____

Social Security # _____ **Birth Date:** _____

Mailing Address: _____

CITY

STATE

ZIP CODE

Are you the agent or owner of a licensed scrap metal business location?

Yes **No** If yes, list registration number: _____

Home Address: _____

CITY

STATE

ZIP CODE

Phone: _____ **E-mail:** _____

Within the past five (5) years, have you been convicted of a criminal offense where the offense involves scrap metal? **Yes** **No**

Applicant Affidavit

I hereby certify that I have read and understand the Tennessee Code Annotated, Chapter 62, Title 9 and that the information contained within this application is true and complete to the best of my knowledge.

Printed Name of Applicant

Signature of Applicant

Date