

Application for a **Metal Dealers & Recyclers Business Registration**

There is no fee for registration, renewal or updating registration information. Fax the form with a copy of your business licence documents to the Security Programs Division at 250-387-4454 or mail to Security Programs Division, Metal Dealers and Recyclers Program, PO BOX 9217 Stn Prov Govt, Victoria BC V8W 9J1

Branch Manager: Is the person responsible for the day to day management of the business

Business Licence: Is a Municipal or Regional District business licence

Terms and Conditions of Registration

- No registration fee
- Term of registration is 3 years
- Must provide business name, address, telephone number, and email address (if any)
- Must provide address of additional business locations
- Must provide the identity of person(s) responsible for the daily management of the business
- Must provide copies of business licence registration documents
- Must display registration certificate in a conspicuous place at each of the business locations
- Registration must not be transferred unless the Registrar consents in writing to the transfer
- On the expiry, cancellation, suspension or refusal of a renewal of a registration, the registrant must immediately surrender the registration and all duplicates to the registrar
- The registrant must not carry on a business using a name other than the name specified in the registration

Please complete the form in full. Print clearly and legibly. Further information regarding the Metal Dealers and Recyclers Act can be found on our website: https://www2.gov.bc.ca/gov/content/ safety/crime-prevention/metal-recycling/the-act-and-regulations

*Save paper! Please print out the 2nd page only.



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SECTION 1: BUSINESS INFORMATION			
Application Type (select one ☑) ☐ NEW Re	egistration or 🗆 R	ENEWAL or 🗖 UPDATE regi	stration information
Registration # (only if a RENEWAL or UPDAT	E of registration in	formation)	
Business Owner: (Surname)	(Given name)	(Middle name)	
Legal Business Name			
☐ Yes, I have attached a copy of the valid b	usiness licence doc	cuments.	
Trade Name or "doing business as" name _			
Business Address (Suite #)(Street Address)	(City/Town)	(Province)	_(Postal Code)
Business Mailing Address if different than a (Suite #)(Street Address)	•	(Province)	_(Postal Code)
Business Manager: (Surname)	(Given name)	(Middle name)_	
Business Phone # (include area code)	Er	nail (if any)	
SECTION 2: GIVE US YOUR BRANCH OFFICES Attach a separate sheet if there are more be *Note: a copy of the business registration of	ranch offices to list		nch office listed
(Suite #)(Street Address)	(City/Town)	(Province)	_(Postal Code)
Branch Manager: (Surname)	(Given name)	(Middle name)	
Branch Manager Phone # (include area code) _		Email (if any)	
(Suite #)(Street Address)	(City/Town)	(Province)	_(Postal Code)
Branch Manager: (Surname)	(Given name)	(Middle name)	
Branch Manager Phone # (include area code) _		Email (if any)	
ACKNOWLEDGEMENTS PURSUANT TO THE I HEREBY CERTIFY THAT I have read and unders in this application is true and correct to the bes	tand all portions of t	his application form. The info	rmation set out by me
Dealers and Recyclers Act and Regulations and			litions of registration
and the conditions that may be placed on me a	_		
DISCLOSURE: All information regarding this application will be used for that purpose. The use of this information regarding the collections regarding the collections.	on is collected under the ation will comply with th	e Metal Dealers and Recyclers Act ne Freedom of Information and Pr	and its regulations and ivacy Act and the Federal

and-regulations