



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: www.pssg.gov.bc.ca/metalrecycling

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



SECTION 1: BUSINESS INFORMATION

Application Type (select one NEW Registration or RENEWAL or UPDATE registration information

Registration # (only if a RENEWAL or UPDATE of registration information) _____

Business Owner: (Surname) _____ (Given name) _____ (Middle name) _____

Legal Business Name _____

Yes, I have attached a copy of the valid business licence documents.

Trade Name or "doing business as" name _____

Business Address

(Suite #) _____ (Street Address) _____ (City/Town) _____ (Province) _____ (Postal Code) _____

Business Mailing Address if different than above)

(Suite #) _____ (Street Address) _____ (City/Town) _____ (Province) _____ (Postal Code) _____

Business Manager: (Surname) _____ (Given name) _____ (Middle name) _____

Business Phone # (include area code) _____ Email (if any) _____

SECTION 2: GIVE US YOUR BRANCH OFFICES INFORMATION

Attach a separate sheet if there are more branch offices to list.

***Note:** a copy of the business registration certificate will be issued for posting in each branch 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 METAL DEALERS AND RECYCLERS ACT AND REGULATIONS

I HEREBY CERTIFY THAT I have read and understand all portions of this application form. The information set out by me in this application is true and correct to the best of my knowledge and belief. I have read and understand the *Metal Dealers and Recyclers Act and Regulations* and I am aware of and understand the terms and conditions of registration and the conditions that may be placed on me as a registered business under the Act.

Business Owner Signature: _____ Date Signed: _____

DISCLOSURE: All information regarding this application is collected under the *Metal Dealers and Recyclers Act* and its regulations and will be used for that purpose. The use of this information will comply with the *Freedom of Information and Privacy Act* and the *Federal Privacy Act*. If you have questions regarding the collection or use of this information, please contact 250 356-1501.