



Kansas Attorney General

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INITIAL APPLICATION

SCRAP METAL DEALER REGISTRATION CERTIFICATE

Instructions for Initial Application

1. Return completed application with non-refundable registration fee (\$1,000 for each location) to the listed address. Make checks payable to "Kansas Attorney General." Mail to: Kansas Attorney General's Office, Attn: Scrap Metal Registration Unit 120 SW 10th Ave, Topeka, KS 66612.
2. If the applicant is corporation, complete pages 3 and 4 of the application for each manager, officer, or director thereof, and each stockholder owning in the aggregate more than 25% of the stock of the corporation.
3. Provide the following documents for each completed application:
 - a. a copy of each applicant's current state or federal government-issued photographic identification;
 - b. a copy of the lease for each physical location where the applicant intends to conduct scrap metal business, if applicable;
 - c. a completed fingerprint card obtained from a sheriff's office or police station; Fingerprint cards may be provided by contacting this office. Contact your local law enforcement agency for fingerprinting process and fee amount. Please provide a stamped envelope to the fingerprinting agency addressed to: Kansas Attorney General's Office, 120 SW 10th Ave, Topeka, KS 66612. Ask the agency to mail the fingerprint card and waiver directly from their office to the Kansas Attorney General's Office.
 - d. a signed [two-page waiver](#) allowing release of each applicant's criminal background report to the Office of the Attorney General; and
 - e. a copy of the each applicant's documentation proving United States citizenship. For a list of all acceptable proof of citizenship documents, please see <http://www.gotvoterid.com/proof-of-citizenship.html#validdocs>.

Individual information:

If the applicant is a **corporation**, complete pages 3 and 4 for each manager, officer, or director thereof, and each stockholder owning in the aggregate more than 25% of the stock of the corporation. If the applicant is a **partnership** or **limited liability company**, complete pages 3 and 4 for each partner or member.

14: Role with the company: [] Owner [] President [] Officer [] Manager [] Stock Holder

15: If manager please list the location(s) you manage:

Address	City	State	Zip
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16a. Name: _____

First	Middle	Last
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16b. Previous Name(s)/Aliase(s):* _____

First	Middle	Last
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17. Residential Address: _____

Street	City	State	Zip
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18. Check one: [] I have resided within Kansas for previous 10 years

[] I have not resided within Kansas previous 10 years*

* If you marked the second box, list all addresses where you resided outside of Kansas during the previous 10 years. Use addendum page if necessary:

Street	City	State	Zip
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19. Telephone: (____) _____
Residence

20. Height: _____ Weight: _____ Eye Color: _____

21. Birthdate: ____ / ____ / ____

22. Driver's License #: _____ State: _____

23. Social Security Number*: _____

* Disclosure of a social security number ("SSN") is voluntary. Failure to provide a SSN may delay application processing. The SSN is requested pursuant to the Scrap Metal Theft Reduction Act. The SSN may be used to identify applicants in criminal and/or financial history investigations. The SSN may be provided to other Kansas state agencies, as allowed by Kansas law.

24. Has the applicant ever been convicted of a criminal offense in Kansas, another state, or any other place? If yes, indicate the nature of the offense upon which a conviction was imposed.

No Yes

Date of Conviction	Court	Offense

Use addendum pages if necessary

Applicant, by signing below, hereby declares under oath that this application, related forms, and all supplemental materials submitted herewith, and all information contained therein, are true and correct. By submitting this application and signing below, applicant declares under oath that the following statements are true and correct:

- Applicant is a citizen of the United States of America.
- Applicant desires registration under the Scrap Metal Theft Reduction Act.
- Applicant agrees to fully comply with the Scrap Metal Theft Reduction Act.
- Applicant agrees to fully comply with all Federal and Kansas laws and local ordinances.
- Applicant consents to a criminal history records search or a background check.
- Applicant and entity seeking registration, if a non-resident and/or foreign corporation, agree that the filing of this application appoints the Kansas Secretary of State as the legal agent for service or process.

Applicant's signature _____ Date _____

