



Kansas Attorney General

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RENEWAL APPLICATION

SCRAP METAL DEALER REGISTRATION CERTIFICATE

Instructions for Renewal 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 an individual, complete pages 3 and 4. 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; and
4. The Renewal Application shall be postmarked by the 31st of January, annually.

Office of Kansas Attorney General Derek Schmidt
Scrap Metal Registration Unit
120 SW Tenth Avenue, 2nd Floor
Topeka, Kansas 66612
Phone (785) 296-2215 Fax (785) 296-6296
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RENEWAL APPLICATION FOR
SCRAP METAL DEALER REGISTRATION

Check here if there is no change in the information filed in the initial application.

Pursuant to K.S.A. 53-601, I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct. Executed on this ____ day of _____, 20__.

_____ (Signature)

_____ (Printed Name)

_____ (Business Name)

_____ (Certificate No.)

If there are changes in the information filed in the initial application, you must complete the application below. Type or print in ink all information.

Business information:

If you request registration for more than one location, list each additional location on the addendum page. For each location, list the Business Name, Business Address, Business Mailing Address, Business Phone, hours of operation, and owner of the location.

1. Type of Business Entity: [] LLC [] Partnership [] Sole Proprietorship [] Corporation

2. State of Formation: _____ 3. Number of Business Locations: _____

4: Total number of Owners/officers/managers/ and stock holders: _____

5. Business Name: _____

6. Business Address: _____
Street City State Zip

7. Business Mailing Address: _____
Street City State Zip

8. Business Phone: (____) _____

9. Hours of operation. List days and times the business is open: _____

10. E-mail Address: _____

11. Trade Name: _____

12. Federal Employee Identification Number: _____

13. List the name of the owner of the premises upon which the place of business is located*:

*If the owner of the premises is not the applicant, please provide a copy of a written lease for at least $\frac{3}{4}$ of the registration year (Jan 1 to Dec 31)

Individual information:

If the applicant is an individual, complete pages 3 and 4.

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 penalty of perjury under the laws of the State of Kansas 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 of process.

Applicant's signature _____ Date _____

