

TRAFFORD COUNCIL

APPLICATION FOR [RENEWAL OF] REGISTRATION AS A MOTOR SALVAGE OPERATOR

People involved in running the business

Please tick the box that applies to you	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/>
Please indicate if this is an initial application or an application for renewal	Grant <input type="checkbox"/> Renewal <input type="checkbox"/>
Sole Trader	Full name and address: Date of Birth:..... Tel:..... Place/district/borough of birth:..... National Insurance No..... Business Address:.....
If the business operates as a partnership or limited company, please provide details of each partner or director	1. Full name and address: Date of Birth:..... Tel:..... Place/district/borough of birth:..... National Insurance No.....

	<p>Business Address:.....</p> <p>Signature:.....</p> <p>2 .Full name and address:</p> <p>Date of Birth:..... Tel:.....</p> <p>Place/district/borough of birth:.....</p> <p>National Insurance No.....</p> <p>Business Address:.....</p> <p>Signature.....</p> <p>3. Full name and address:</p> <p>Date of Birth:..... Tel:.....</p> <p>Place/district/borough of birth:.....</p> <p>National Insurance No.....</p> <p>Business Address:</p> <p>Signature:.....</p>
<p>Registered Office address if you are a limited company</p>	<p>.....</p>

<p>Business Trading Name</p>	<p>.....</p> <p>.....</p>
<p>Full postal address of all business premises in Trafford used for motor salvage operations (use a separate sheet if necessary)</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Is anyone named in this form an undischarged bankrupt?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES please provide full names below:</p> <p>.....</p> <p>.....</p>
<p>Please provide details of any convictions or cautions which may be recorded against any person named in the application during the past 10 years (Please use a separate sheet if necessary)</p>	<p>Name of Defendant</p> <p>.....</p> <p>Full details of offences, fines and sentence.....</p> <p>.....</p> <p>.....</p> <p>Court.....</p> <p>Date of conviction.....</p>
<p>Has any previous application for registration by yourself or any other person named on this form been refused?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES please state which local authority and the reason for refusal</p> <p>.....</p> <p>.....</p>

Declaration

I have read and understand the guidance notes for registration as a motor salvage operator.

I understand that this application will be subject to a Police vetting check in accordance with Government guidelines.

Full name of person signing this form (in block capitals)	
Position in business	
Signature	
Date	

PLEASE ENSURE THAT ALL PERSONS NAMED IN THIS FORM COMPLETE THE POLICE VETTING FORM ATTACHED (*please photocopy vetting form if necessary*)

PLEASE NOTE THAT IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION