

## APPLICATION FOR GRANT OF REGISTRATION AS A MOTOR SALVAGE OPERATOR

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

### I/We

(Insert name/s of applicant/s – please read guidance note 1)

**apply for Grant of Registration as a Motor Salvage Operator for the premises described in Part 1 below (the premises) in accordance with section 1 of the Vehicles (Crime) Act 2001**

### Part 1 - Premises Details (Please read guidance note 2)

**Postal address (including post code) and telephone number of each premises**

### Part 2 - Applicant Details

Please state whether you are applying for a registration as

Please tick yes

- |   |                          |                                 |
|---|--------------------------|---------------------------------|
| a) an individual or individuals *               | <input type="checkbox"/> | please complete section (A & C) |
| b) a person other than an individual *          |                          |                                 |
| i. as a limited company                         | <input type="checkbox"/> | please complete all sections    |
| ii. as a partnership                            | <input type="checkbox"/> | please complete all sections    |
| iii. as an unincorporated association or        | <input type="checkbox"/> | please complete all sections    |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete all sections    |

**(A) APPLICANT DETAILS** (Please read guidance note 3)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>					
<b>Current postal address including post code</b>					
<b>Telephone number (if any)</b>					
<b>E-mail address (optional)</b>					

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>					
<b>Current postal address including post code</b>					
<b>Telephone number (if any)</b>					
<b>E-mail address (optional)</b>					

(Continue on separate page if necessary)

**(B) OTHER APPLICANTS**

**Please provide name and registered address of applicant in full. Where appropriate please give any registered number.**

<b>Name</b>	
<b>Address including post code</b>	
<b>Registered number</b>	
<b>Description of applicant</b> (e.g. partnership, company, etc.)	
<b>Telephone number (if any)</b>	
<b>E-mail address (optional)</b>	

**Part 3 - Declaration**

I/We:

**Please tick yes**

- Enclose the fee of £250.00 (Please make payable to Rochford District Council)
- Enclose evidence of identity containing a photograph in respect of each individual applicant / partner / director, as applicable
- Enclose completed police enquiry forms in respect of each individual / partner / director, as applicable. (Please read guidance notes 4 - 6)
- Understand that enquiries will be made with the police to establish that applicants are fit and proper persons
- Understand that if the above requirements have not been complied with my application will be rejected

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**(C) SIGNATURES** (Please read guidance note 7)

**Signature of applicant/s or applicant/s' solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.**

<b>Signature/s</b>	
<b>Date</b>	
<b>Capacity</b>	

**(D) CONTACT DETAILS** (Please read guidance note 8)

<b>Contact name</b>	
<b>Contact postal address including post code</b>	
<b>Telephone number (if any)</b>	
<b>E-mail address (optional)</b>	

## Notes for Guidance

1. Insert the name/s of individual applicant/s or partners or the trading name under which the business operates.
2. Include every premises within the Rochford district that are used for the purposes of motor salvage. The fee remains the same regardless of the number of premises.
3. The full name, date of birth and home address of each individual applicant/partner/director must be supplied together with photographic evidence of identity, e.g. a certified copy of passport or driving licence.
4. The Local Authority is required to satisfy itself that the applicant for registration as a motor salvage operator is a fit and proper person to carry on such a business. In deciding whether they are so satisfied the Local Authority shall have regard to:
  - a. whether the applicant has been convicted of any offences under the Vehicles (Crime) Act 2001; and
  - b. whether the applicant has been convicted of any offences of a description specified by the Secretary of State which include any unspent convictions for:
    - ⇒ theft or attempted theft of or from a motor vehicles, contrary to Section 1 of the Theft Act 1968;
    - ⇒ taking a motor vehicle without consent, contrary to Section 12 of the Theft Act 1968;
    - ⇒ aggravated vehicle taking, contrary to Section 12A of the Theft Act 1968;
    - ⇒ handling stolen goods, contrary to Section 22 of the Theft Act 1968;
    - ⇒ going equipped to steal or take a motor vehicle, contrary to Section 25 of the Theft Act 1968;
    - ⇒ interference with a motor vehicle, contrary to Section 9 of the Criminal Attempts Act 1981;
    - ⇒ tampering with a motor vehicle, contrary to Section 25 of the Road Traffic Act 1988;
    - ⇒ convictions for offences under Part 1 of the Vehicles (Crime) Act 2001.
  - c. Any case of undischarged bankruptcy of the applicant or any directors or partners of the applicant business.
5. A Police Enquiry Form must be completed in respect of all individual applicants and, where the application is made on behalf of a company or partnership, each partner or director.
6. The completed forms will be submitted to Essex Police Vetting Unit for comment. The information given may be used in conjunction with other Local Authorities for the prevention and detection of fraud, and will be held on computer, subject to the Data Protection Act 1998.
7. The application form must be signed. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so. Where there is more than one applicant, all applicants or their respective agents must sign the application form.
8. This is the address that we shall use to correspond with you about this application.