

Application to be a Registered Motor Salvage Operator



The Motor Salvage Operators Regulations 2002 and Vehicles (Crime) Act 2001

Before completing this form please read the guidance on the Provision of the Motor Salvage Operators Regulations 2002 and The Rehabilitation of Offenders Act 1974. Please continue answers on additional sheets of paper if necessary.

All applicants **must** attend the Licensing Section, Town Hall, Library Street, Wigan in person when making this application. Please ring (01942) 404627 to make an appointment to do so. To make an application you must bring the following to your appointment:-

- Form A – Application Form (completed in full)
- Form B – Request for Police Check Form
- Current Application Fee (Cheques made payable to Wigan Council).
- Two means of identification (i.e. photograph driving licence, passport, birth certificate etc.)

The Information given here may be used in conjunction with other Local Authorities for the prevention and detection of Fraud, and held on computer, which is subject to the Data Protection Act 1998.

I / we [.....]

Insert name(s) of applicant(s)

realise that if for the purpose of obtaining a Motor Salvage Operators Registration I / we make any false statement or omit any material particular, I / we shall be guilty of an offence and liable to prosecution.

Type of Application

First Grant

Renewal of Existing Registration

Part 1 – Premises Details

Name(s) under which the business trades:-

Full postal address (including postcodes) of all business premises used for salvage operations (including offices) within the Wigan Council area:-

Part 2 - Applicant Details

Please state whether you are applying for a Motor Salvage Operator's Registration as:-
(please tick ✓ as appropriate)

- a) an individual or individuals* please complete section A
- b) a person other than an individual* please complete section B

▪ Section A - Individual Applicant(s)

First Applicant

Title (Please tick ✓ as appropriate)

Mr Mrs Miss Ms Other (please state)

Forename(s)

Surname

Home Address
(including
postcode)

Daytime contact
telephone number(s)

Date of Birth National Insurance No.

Second Applicant (if applicable)

Title (Please tick ✓ as appropriate)

Mr Mrs Miss Ms Other (please state)

Forename(s)

Surname

Home Address
(including
postcode)

Daytime contact
telephone number(s)

Date of
Birth

National
Insurance No.

▪ **Section B - Other Applicants**

Please provide full names, registered addresses and telephone numbers if the applicant is a company or the applicants are an official partnership.

Name
Address (including postcode)
Registered number (where applicable)
Description of applicant (for example, partnership, limited company etc.)
Daytime contact telephone numbers

Part 3 - Other Details

Have you previously been registered as a salvage operator? If so, by which Authority?

Have you ever had an application to become a Registered Motor Salvage Operator refused? If so, by which Authority and for what reason?

Are you or any of the applicants / directors / partners in the company, named in this application an undischarged bankrupt?

Have you **EVER** been convicted of any offences specified in the Regulations? (See Guidance Notes)

Yes

No

If Yes, please give details of the date, offence, sentence and court.
Items previously disclosed must again be disclosed.

I / we the undersigned, hereby apply for registration as a motor salvage operator within the district of Wigan and declare that to the best of my / our knowledge and belief the foregoing statements are true and correct.

I / we understand that this registration will expire 3 years after it has been first granted, and a newly completed application form will need to be submitted to the Local Authority two months before the expiry of the existing registration, together with the registration fee current at that time.

I further understand that once the completed application form has been submitted it will be submitted to the local police for comment and accept that any information contained on this form, the police vetting enquiry form or any information supplied by the Greater Manchester Police in response to such enquiries may be divulged to all persons making this application.

Part 4 – Signatures

Signature of Applicant

Print Name

Position

Date

Signature of Applicant
Print Name
Position
Date

Signature of Applicant
Print Name
Position
Date

For Office Use Only

Date Rec'd Officer dealing with application

Identification Produced

Fee Paid Receipt No.

LalPac No. Date Ack'd

Copy of application must be sent to the Police:-

Date Sent to Police Date Response Rec'd from Police

Notes

Registration Details:-

Date Registration Iss'd Registration No.

Request for a Police Check in respect of application to be a registered Motor Salvage Operator

Notes for Applicants

You should be aware that as part of your application for a licence to be registered as a 'Motor Salvage Operator' in accordance with the Vehicle (Crime Act 2001).

- 1) You are required to disclose any previous convictions or cautions for criminal offences as specified by the vehicle Crime Act 2001.
- 2) Convictions and cautions can be taken into account by the local authority when considering your application.

Please note that if for the purposes of obtaining a Motor Salvage Operators Registration you make any false statement or omit any material, you will be guilty of an offence and liable to prosecution.

▪ Part A - To be completed by APPLICANT

I am aware that application for registration as a Motor Salvage Operator is subject to a police record check.

I give permission for police checks to be conducted on me. I also hereby give my permission for any information from this police check which could affect my application or the Company's or Partnerships Registration (in the case of a joint or multiple application) as a Motor Salvage Operator, to be disclosed to the Nominated Officer(s) of the Local Authority and any other person named in the application for which this police check is required.

Forename(s)			
Surname			
Previous Surname(s)		Maiden Name(s)	
Date of Birth		Place of Birth	
Male		Female	
		Height	

Previous Addresses in last 5 years	Dates from	To

Continue on additional sheets if necessary...

Have you ever been convicted or cautioned by the police for any offences as specified by the Vehicle Crime Act 2001 ✓

Yes No

If **YES**, provide details overleaf, including approximate date, the offence and the court or police force which dealt with you.

The information given here may be used in conjunction with other Local Authorities for the prevention and detection of crime, and held on computer which is subject to the Data Protection Act 1998.

Date	Court	Offence(s) <i>Including cautions / bindovers / reprimands / warning</i>	Result / Sentence

I declare that the information given above is true.

Signature Date

Part B - To be completed by the NOMINATED OFFICER

The details provided have been verified against the following means of identification and I am satisfied they are accurate:

.....

The subject has not been checked previously / was checked* on (date)

Signed..... Date

Name..... Telephone No.

* delete as necessary

▪ **Part C - For POLICE use only**

Date Rec'd

Checked By

No trace on details supplied

Subject may be identical with the person whose record of previous convictions are attached.

Signature of Officer

.....

Date Checked

.....

All forms to be returned under CONFIDENTIAL cover.