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| stateseal_blackwhite | **STATE OF VERMONT**  **PRECIOUS METALS DEALER’S**  **CERTIFICATION APPLICATION**  **(Applicant Information)**  **Please print in ink or type**. | | | | | **Office Use Only** | |
| License # |  |
| Issue Date |  |
| Exp. Date |  |
| NEW | | | | RENEWAL, If this is a renewal application, please provide us with your previous license No. | | | |
| **Applicant Information** | | | | | | | |
| Name - Last | | | First | | | | Middle |
| Street/Mailing Address - Home | | City/Town | | | State | | Zip |
| Date of Birth | | | | Place of Birth | | | |
| Home Phone Number | | | | Maiden Name | | | |
| Email Address | | | | Social Security Number | | | |
| State of Residency for last 5 years | | | | Job Title | | | |
| **Business Information** | | | | | | | |
| Business Name | | | | | | | |
| Street/Mailing Address – Business | | City/Town | | | State | | Zip |
| Business Phone Number | | | | Business Fax Number | | | |
| Email Address | | | | VT Tax ID # | | | |
| **Name of, and the nature of the affiliation with, any business involving the purchase or sale of precious metal within the past five years (Use additional pages if necessary)** | | | | | | | |
| Name | | | | Nature | | | |
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| **Please list any crime which you have been convicted of and the date/place of conviction (Use additional pages if necessary)** | | | | | | | |
| Conviction | | | | Date/Place | | | |
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| **Statement of Applicant** |
| * I hereby give consent for the Department of Public Safety to run a criminal history in accordance to 20 V.S.A § 2056c. * I hereby state I have read and fully understand 9 V.S.A § 3881-3890 * I further certify that all information contained in this application is true and accurate to the best of my knowledge. |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The above was subscribed and sworn to before me on this \_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_. At  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **RETURN WITH YOUR APPLICATION:**   * Enclosed is a non-refundable payment according to 9 V.S.A § 3883(a)(1) for payment of certification. Please make check or money order payable to the Department of Public Safety.   + $200 (certification shall expire two years from the date of issuance of certificate) * Public Request for Criminal Conviction information * A completed Page 3 & 4 of this application for each principal, please feel free to make additional copies of Page 3 & 4 if needed * Return this application and address all inquiries to:   Commissioner, Department of Public Safety  45 State Drive  Waterbury, VT 05671-2101-1300 |

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| stateseal_blackwhite | **STATE OF VERMONT**  **PRECIOUS METALS DEALER’S**  **CERTIFICATION APPLICATION**  **(Principal Information)**  **Please print in ink or type**. | | | | | |
| **Business Name** | | | | | | |
| Business Name | | | | Business Phone Number | | |
| **Principal Information (ex: Director, Officer, Member, Manager, Partner, Creditor) Use additional paper if necessary** | | | | | | |
| **Principal** Name - Last | | | First | | | Middle |
| Street/Mailing Address - Home | | City/Town | | | State | Zip |
| Date of Birth | | | | Place of Birth | | |
| Home Phone Number | | | | Maiden Name | | |
| Email Address | | | | Social Security Number | | |
| State of Residency for last 5 years | | | | Job Title | | |
| **Name of, and the nature of the affiliation with, any business involving the purchase or sale of precious metal within the past five years (Use additional pages if necessary)** | | | | | | |
| Name | | | | Nature | | |
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| **Please list any crime which you have been convicted of and the date/place of conviction (Use additional pages if necessary)** | | | | | | |
| Conviction | | | | Date/Place | | |
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| **Statement of Principal** |
| * I hereby give consent for the Department of Public Safety to run a criminal history in accordance to 20 V.S.A § 2056c. * I hereby state I have read and fully understand 9 V.S.A § 3881-3890 * I further certify that all information contained in this application is true and accurate to the best of my knowledge. |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The above was subscribed and sworn to before me on this \_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_. At  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **RETURN WITH YOUR APPLICATION:**   * Enclosed is a non-refundable payment according to 9 V.S.A § 3883(a)(1) for payment of certification. Please make check or money order payable to the Department of Public Safety.   + $200 (certification shall expire two years from the date of issuance of certificate) * Public Request for Criminal Conviction information * A completed Page 3 & 4 of this application for each principal, please feel free to make additional copies of Page 3 & 4 if needed * Return this application and address all inquiries to:   Commissioner, Department of Public Safety  45 State Drive  Waterbury, VT 05671-1300 |