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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      |
|       |       |
|       |       |
|       |       |
| **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 PublicMy 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 PublicMy 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)
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 Commissioner, Department of Public Safety 45 State Drive Waterbury, VT 05671-1300 |