

COMMONWEALTH OF PENNSYLVANIA

County of Washington

OFFICE OF THE SHERIFF



APPLICATION FOR ANNUAL LICENSE AS A DEALER IN PRECIOUS METALS

INDIVIDUAL APPLICATION

.....

APPLICANT'S FULL NAME: AGE: SEX:

PREVIOUS NAME OR ALIAS:

ADDRESS:

..... PHONE #

APPLICANT'S PREVIOUS ADDRESS: (1) SINCE 19

(FOR LAST FIVE YEARS)

(2)

..... SINCE 19

APPLICANT'S EMPLOYER: PHONE #

ADDRESS:

APPLICANT'S BUSINESS ADDRESS:

..... PHONE #

APPLICANT'S BUSINESS NAME:

IF ASSUMED OR FICTITIOUS NAME, DATE OF REGISTRATION OF SAME: / /

HAVE YOU EVER BEEN INDICTED OR CONVICTED OF A CRIME IN THIS COMMONWEALTH OR ELSEWHERE?

..... YES NO

HAVE YOU EVER HAD AN APPLICATION FOR A PRECIOUS METALS DEALER LICENSE REJECTED OR HAD A PRECIOUS METALS DEALER LICENSE SUSPENDED, CANCELLED, OR REVOKED BY ANY FEDERAL, STATE, OR MUNICIPAL AUTHORITY? YES NO

APPLICANT'S SIGNATURE:

DATE OF APPLICATION: / /

SHERIFF'S OFFICE USE ONLY: