

Oklahoma Department of Agriculture, Food & Forestry  
Consumer Protection Services Division  
PO Box 528804  
Oklahoma City, OK 73152  
Phone: 405/522-5968  
email: gary.smith@ag.ok.gov

## Oklahoma Scrap Metal Dealer License Application

Type of Application: Individual \_\_\_\_\_ Firm, corporation or other legal entity \_\_\_\_\_  
(Please check one)

Company or Facility Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_

Sales Tax Identification Number: \_\_\_\_\_

Have you or your firm ever had a license refused, revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of, or pled guilty or nolo contendere to any felony or to a misdemeanor involving moral turpitude or dishonesty? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide date, subject matter & court or government entity by which the above are marked and explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(Note: A separate application and license is required for each location or yard).**

**You must enclose the following with the application:**

- Legal proof of ownership, lease agreement or contract for the business location;
- Proof of a dedicated telephone line for the business location;
- Proof of general liability insurance policy of not less than \$500,000 for the business location;
- Proof of a current discharge permit issued pursuant to the provisions of the Oklahoma Pollutant Discharge Elimination System Act;
- Two (2) full sets of fingerprints and a photo ID to be used for a national criminal history record check.
  - Applicant Notification:
    - o Fingerprints will be used to check the criminal history records of the OSBI and FBI.
    - o You will be provided the opportunity to complete, or challenge the accuracy of any Criminal History information found.
    - o If there is a criminal history in question you will be given the opportunity to change, correct or update any information by notifying the appropriate arresting agency or court clerk.
    - o The FBI will retain your fingerprints and associated information/biometrics and, while retained, your fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.

**You must also enclose the following fees with the application:**

- \$100 Application Fee;
- \$100 Investigative Fee;
- \$41 National Criminal History Records Check Fee.

Rev Code: 359 METHOD OF PAYMENT: ____Cash ____Check ____ Money Order ____Credit Card
Credit Card No: _____ Type of Card: Visa / Master Card / Discover
Expiration Date (MM/YYYY) _____ Signature_____

## Oath of Accuracy

I certify under penalty of law that this document and all attachments are to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for knowingly submitting false, inaccurate, or incomplete information.

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Please Print Name and Title

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Signature

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(NOTARY SEAL)

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Notary Public

My Commission Expires: \_\_\_\_\_

## Affidavit of Lawful Presence

All natural persons fourteen(14) years of age or older and present in the United States, applying for a license with the Oklahoma Department of Agriculture for a Scrap Metal Dealer License are required by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Oklahoma Department of Agriculture, Food & Forestry with verification of lawful presence in the United States by executing one of the statements below.

I, \_\_\_\_\_, of lawful age, being first  
(PRINT Applicant's Name)  
duly sworn, upon oath states, under penalty of perjury as follows:

- I am a United States Citizen.**
  
- I am a qualified alien** under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Provide a copy of your Passport/Visa/Alien Registration document and write the number & expiration

date: \_\_\_\_\_

\_\_\_\_\_  
United States Citizen or Qualified Alien's Signature

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_