## **Commonwealth of Pennsylvania** Application for Scrap Processor / Recycling Facility Registration

Applicant's Full Name:		Date of Birth:	Sex:
Federal Taxpayer Identification	Number: Driver's License or ID	Attach a	photocopy of license d to this application.
Current Address:	City:	State:	ZIP:
Phone Number:	Mobile Number:	E-mail Address	S:
Applicant's Business Name:			
Business Address:		Business Phone Number:	

If the business is a general partnership, provide all of the above information for each partner.

If the business is a corporation, limited liability company, or limited partnership, provide all of the above information for the registering officer, manager, general partner, each director and individual holding greater than a 5% equity interest in the entity.

For an out-of-state corporation, limited liability company, or limited partnership, include all of the above information for the entity's resident agent or register office provider with the Commonwealth and any registration number or license number issued to the entity by its home state or political subdivision of the other state, if applicable.

For a joint venture, provide the name, address, and telephone number of the joint venture as well as the name, address, and telephone number for each party to the joint venture.

Registration/License Number (if applicable	): Home State or other Political Subdivision (if	applicable):		
Commonwealth of Pennsylvania Corporations should include Date of Incorporation:				
This application is a: New Application Renewal Registration Number (if applicable):	Warning: Unsworn falsification to authorities, 18 Pa. C.S. 4904(b) Statements Under Penalty - a person commits a third degree misdemeanor if he makes a written false statement which he does not believe to be true on or pursuant to a form bearing notice that false statements made therein are punishable.			
	Signature	Date		
Expiration Date (if applicable):				