



**PART 4: SCRAP METAL DEALERS MUST COMPLETE**

**BUSINESS INFORMATION**

Name of Business		Type of Business <input type="checkbox"/> SCRAP METAL DEALER		
Business Street Address	City	State	Zip Code	Telephone
Applicant is the business: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Employee <input type="checkbox"/> Other:				

**PART 4: ALL APPLICANTS MUST READ AND SIGN**

**PROVIDING YOUR SOCIAL SECURITY NUMBER AND DRIVER LICENSE NUMBER ON THIS FORM**

Disclosure of your Social Security Number and Driver License Number on this form is voluntary. These numbers are used as a means of identification of individuals, and are used to facilitate differentiation between individuals with other similar identifying information. Social Security Number and Driver License Number are regarded as confidential licensing information, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose. If you do not disclose this information, you may encounter delays in the processing of your license or permit application and you may not receive your license or permit in a timely manner due to a delay in positive identification of your background check results.

**APPLICANT'S VALIDATION STATEMENT**

By my signature, I certify that all statements made by me on this application are true to best of my knowledge.

I understand that It is unlawful to make a false statement on this application.

I also understand that if I have made an untrue statement on this application, or omitted or withheld material facts related to my background, that my application will be denied by the Loudoun County Sheriff's Office and that I may be subject to criminal prosecution.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY**

\_\_\_\_\_  
Notary Public (Signature)

Sworn and subscribed before me in the County/City of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Commission Expires (Date)

**FOR OFFICIAL USE ONLY**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature	Title	Date
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# LOUDOUN COUNTY SHERIFF'S OFFICE

P.O. Box 7200, Leesburg, Virginia 20177-7200  
803 Sycolin Road SE, Leesburg, Virginia 20175  
Telephone 703-777-0407

## Consent to Release of Criminal Record Information

I \_\_\_\_\_ do hereby authorize a review of and full disclosure of all criminal records, or any part thereof, concerning myself, by and to any duly authorized agent of the Loudoun County Sheriff's Office, whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records for the following:

1. Local, state, federal, or other law enforcement agencies. This includes records of arrest (criminal and traffic) and convictions, or records of any contacts as a suspect, victim, witness, or complainant.
2. Local or federal court systems concerning criminal or civil matters where I have been involved.

I reiterate and emphasize the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data to the Loudoun County Sheriff's Office to consider in determining my suitability for approval or disapproval for my application for a pawnbroker's license or a precious metal dealer's permit, or a secondhand dealer's permit or a scrap metal dealer's permit or any other licenses or permits as specified on the application. I understand that any information obtained which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for attainment of a pawnbroker's license or a precious metal dealer's permit, or a secondhand dealer's permit or a scrap metal dealer's permit or any other licenses or permits as specified on the application.

I further understand that in the event that my application is disapproved, the sources of confidential information cannot be revealed to me.

I agree to indemnify and hold harmless Loudoun County, its agents and employees and the person to whom this request is presented and his agents and employees and any individual who provides any information connected with this background investigation from and against all claims, damages, losses, and expenses.

I fully understand that refusal to grant this authorization will, of itself, constitute a basis for rejection of my application. I voluntarily sign this statement. Furthermore, I have no objection to any part of this statement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### NOTARY

\_\_\_\_\_  
Notary Public (Signature)

Sworn and subscribed before me in the County/City of \_\_\_\_\_ in the Commonwealth of Virginia

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_



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P.O. Box 7200, Leesburg, Virginia 20177-7200  
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## Recordkeeping and Reporting to the Sheriff's Office Agreement

All pawnbrokers, precious metals or gem dealers, secondhand dealers, and scrap metal dealers are required to submit a daily report to the Loudoun County Sheriff's Office.

Every pawnbroker and dealer shall, everyday except Sunday, deliver to the Sheriff within 24 hours of the time of purchase, the following information:

1. A copy of the bill of sale which includes the date, time and price paid for each item.
2. The pawnbroker's license number or dealers permit number.
3. The following information about the seller: Full name, home address, date of birth, driver's license number, a copy of the seller's valid government identification which contains a photograph of the seller with current home address, eye color, hair color, sex, race, height, and weight. Scrap metal dealer's must also keep a record of the seller's vehicle (make, model, color, year, and license # and state).
4. A statement of ownership from the seller. PMG dealer's must provide true weigh or carat of items.
5. The following description of the item purchased: Make, model, serial numbers, self-applied identification numbers or names, initials, monograms or any unique identifying characteristics, color, size, the price paid for the item and a clear and an identifiable digital photograph(s) of the item.

All information listed above shall be maintained at the locality of the business for a minimum of (24) twenty-four months for pawnbrokers and precious metal or gem dealers, and a minimum of (12) months for secondhand and scrap metal dealers. All items must be held in compliance with state and county regulation.

Each pawnbroker and dealer is responsible for registering and maintaining an active reporting account.

### STATEMENT OF AGREEMENT

I understand and agree to the recordkeeping and reporting requirements listed above. I understand that failure to report or an omission of the required information and/or failure to maintain an active reporting account can result in the revocation of the pawnbroker's license or dealer's permit.

I agree to admit to the business premises during regular business hours the Sheriff or any duly authorized law enforcement officer without a search warrant, and shall allow such law enforcement official to examine all records required and any article listed in a record which is believed to be missing or stolen.

I also understand that failure to report or omission of required information can result in criminal charges.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### NOTARY

\_\_\_\_\_  
Notary Public (Signature)

Sworn and subscribed before me in the County/City of \_\_\_\_\_ in the Commonwealth of Virginia

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Commission Expires (Date)