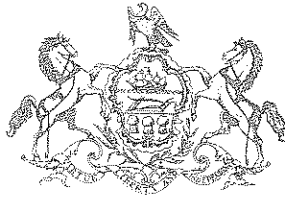


County of Cumberland



JODY S. SMITH
Sheriff

RONALD W. KERR
Chief Deputy

RICHARD W. STEWART
Solicitor

OFFICE OF THE SHERIFF
One Courthouse Square, Room 303
Carlisle, Pennsylvania 17013

FOR USE BY ISSUING AUTHORITY

Date Issued: _____

License Number: _____

Annual Precious Metals Dealer Application

(Individual)

Applicant's Full Name _____ DOB ____/____/____ Sex ____

Previous Name or Alias _____ SSN _____

Present Address _____

Place of Birth _____ Phone No _____

Addresses used in the last five years :

_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Employer _____ Phone No _____

Address _____

Applicant's Business Name _____ Phone No _____

Applicant's Business Address in Cumberland County _____

If Assumed or Fictitious Name, Date of Registration ____/____/____

Have you ever been indicted or convicted of a crime? Yes ____ No ____ If yes, answer in full, give time, place and penalty. (Use reverse side)

Have you ever had an Application for a Precious Metals Dealer License rejected or had a Precious Metals Dealer License revoked, suspended or cancelled by any Federal, State or Municipal Authority? ____ Yes ____ No

Fee: \$50.00

Check made payable to:

Cumberland County Sheriff

Signature _____

Application Date ____/____/____



Precious Metals Dealer Transaction Report

The Precious Metals Sale Regulation Act of 1984 states Dealers of precious metals located in Cumberland County **Must**; accurately and legibly complete this report and submit a copy to the Cumberland County Office of the District Attorney by the close of the next working day after the transaction. Further, for every transaction conducted this report must be maintained for a period of one (1) year. In addition, each item purchased must be retained in unaltered condition at the place of purchase, for five (5) working days after report of its purchase has been filed. Sellers under the age of 18 must provide written authority by a parent or guardian and such writing must be attached to the report. Proof of seller's identity is required via driver's license, photo ID or some other government issued form sufficient to insure the accuracy of the represented name and address of the seller. Approved scales and weighing devices shall be certified as accurate. Records shall be available for inspection by any law enforcement official. Violations of this Act are graded a misdemeanor of the third degree.

Dealer: _____ License# _____
 Business/Individual Name

Seller: Name _____ DOB: ____/____/____ Race: _____ Sex: _____
 Last First MI

Address _____ City _____ State _____ Zip _____

Identification: DLN _____ State _____ Other ID _____

<u>Quantity / Weight</u>	<u>Detailed Description</u>	<u>Identifying Marks Monogram, etc.</u>	<u>Approx. Metalic Composition</u>	<u>Jewels, Stones Glass</u>	<u>Gross Dealer Weight \$</u>	<u>Purchase Price</u>

Seller Signature _____ Signature of Licensee/Agent _____

Date: _____ Time: _____ AM PM

Fax to 717-240-7763
or email-khogarth@ccpa.net

Total \$ _____