



DISTRICT ATTORNEY OF LUZERNE COUNTY
 STEPHANIE SALAVANTIS
 AND
 LUZERNE COUNTY SHERIFF'S DEPARTMENT
 Brian M. Szumski
 PRECIOUS METALS APPLICATION



APPLICANT FULL NAME: _____

APPLICANT PREVIOUS NAMES AND ALIAS: _____

AGE: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPLETE ADDRESS OF ALL RESIDENCES DURING THE PRECEEDING 5 YEARS:

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER, IF ANY:

BUSINESS NAME: _____

BUSINESS STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUS FAX: _____

IF BUSINESS CONDUCTED UNDER ASSUMED OR FICTIOUS NAME, DATE OF REGISTRATION OF FICTIOUS NAME

HAVE YOU EVER BEEN INDICTED FOR OR CONVICTED OF, ANY CRIME IN PENNSYLVANIA OR ELSEWHERE?

YES _____ NO _____ IF YES, EXPLAIN _____

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

IF YES, EXPLAIN: _____

THIS APPLICATION IS A: _____ NEW APPLICATION _____ RENEWAL

LICENSE NUMBER _____ EXPIRATION DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

I HAVE RECEIVED THE FOLLOWING FORMS AS PART OF THE INFORMATION PACKET, COPY OF PRECIOUS METALS ACT AND RECEIPT OF SALE FORM. I UNDERSTAND THAT IT IS MY OBLIGATION TO COMPLY WITH ALL PROVISIONS OF THE PRECIOUS METALS ACT/ PROTOCOL. I FURTHER UNDERSTAND THAT FAILING TO COMPLY WITH SAID PROVISIONS WOULD RESULT IN PENALTIES PRESCRIBED UNDER **CHAPTER 27 OF TITLE 73 OF THE PENNSYLVANIA STATUE CONCERNING THE PURCHASE AND SALE OF PRECIOUS METALS.**