



Dougherty County Sheriff's Office
Secondary Metals Recycler Registration – Registrant Affidavit

I hereby swear and affirm that all information provided in this registration form is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws relating to secondary metals recyclers in Georgia and I agree to abide by these laws, as amended from time to time.

By signing this application, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. §50-36-1:

I am a United States citizen 18 years of age or older. (Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other approved documentation.)

I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency.

Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

By signing below, I acknowledge that I understand that I must comply with all Georgia law relevant to secondary metals recyclers at all times.

- I am informed of the statutes pertaining to the Secondary Metals Recyclers pursuant to HB872, and the following statutes O.C.G.A § 10-1-350 through O.C.G.A. § 10-1-163, O.C.G.A § 40-3-36, O.C.G.A. § 10-1-350.
I acknowledge that I understand the definition of secondary metals recycler as defined in O.C.G.A. § 10-1-350.
'Secondary metals recycler' means any person who is engaged, from a fixed location or otherwise, in the business in this state of paying compensation for regulated metal property that has served its original economic purpose, whether or not engaged in the business of performing the manufacturing process by which regulated metal property is converted into raw material products consisting of prepared grades and having an existing or potential economic value.
I understand I may visit www.georgiarecyclers.org for a summary of the laws relevant to Georgia secondary metals recycler information provided by The Georgia Recyclers Association but I understand that this summary does not substitute the advice of legal counsel or reading of the actual laws.

In making the above attestation, I understand that making any false statements or writings on any part or portion of this application is a violation of O.C.G.A. § 16-10-20. Failure to make full and accurate disclosures may result in criminal prosecution.

Signature of Individual Completing Registration Application

Click here to enter a date.
Date

Print Individual Completing Registration Application

TO BE COMPLETED IN THE PRESENCE OF THE SHERIFF OR HIS DESIGNEE UPON SUBMISSION OF THIS APPLICATION TO THE APPROPRIATE SHERIFF'S OFFICE

Secondary Metals Recycler Signature

Click here to enter a date.
Date

Sheriff or Sheriff's Designee Signature

Click here to enter a date.
Date

Effective Date of Registration

Expiration Date of Registration

Registration Number



Dougherty County Sheriff's Office
Secondary Metals Recycler Registration

County Where Business is Located:

If you are registering in multiple counties, please complete a registration form for each county where you have a location.

Name of Corporation or Partnership (if applicable):

Full Name of Individual Registering: _____
(Please Print or Type) First, Middle, Last

Physical Address

Provide street address; include apartment number if applicable. **(P.O. Box not acceptable; must be a physical street address in Georgia where an individual can be located in-person for the company.)**

_____, _____
City / State / Zip

Mailing Address

If different from above, provide street address; include apartment number if applicable; or, provide P.O. Box

_____, _____
City / State / Zip

Contact information

Email _____

Day Telephone Number: ___-___-____ Evening Telephone Number: ___-___-____ Cell Number: ___-___-____

If the on-site manager is different from the above, complete the following information for the person who is currently the active on-site manager of the business.

Name of the On-Site Managing Agent: _____
(Please Print or Type) First, Middle, Last

Physical Address

Provide street address; include apartment number if applicable. **(P.O. Box not acceptable)**

_____, _____
City / State / Zip

Contact information

Email _____

Day Telephone Number: ___-___-____ Evening Telephone Number: ___-___-____ Cell Number: ___-___-____

Attach registration fee: \$200 (Non_refundable.) The fee for checks returned due to non-sufficient funds is \$30.00 Provide a copy of your identification.

The period of registration shall be for one year. A new registration form and annual fee must be submitted to the sheriff of the county where the business is located or the individual resides by the expiration date of the preceding year. If the person fails to register annually on or before the date of registration, he/she shall be guilty of a misdemeanor of a high and aggravated nature.