SCRAP METAL DEALER-TO-DEALER TRANSACTION REPORT

(Revised 07/01/2022)

NOTICE: THIS SCRAP METAL DEALER-TO-DEALER TRANSACTION REPORT MUST BE COMPLETED IN ITS ENTIRITY. It is the responsibility of the Scrap Metal Dealer to ensure completion of this Report. If space provided is insufficient, attach sheets of the same size to this form and label answers to correspond to the questions contained herein.

Date of Purchase: (mo/day/yr): _____/ ____/ _____ Amount/type of consideration: _____

Purchasing Dealer Business Name:

_____

Metal Dealer Registration No: _____

Telephone No: (___)_____

Transaction Location if Different from Dealer's Business Address:

_____
Street Address

_____
City State Zip Code

_____
Street Address

_____
City State Zip Code

Describe the nature, character and quality of the metal being purchased, including the weight, quantity and volume, and a general physical description of the metal (e.g., tubing, catalytic converter, etc.):

_____
_____
_____
_____
_____
_____

Selling Dealer's Information:

_____
Name of Selling Dealer

_____
Seller's Street Address

_____
City State Zip Code

Agent Signature: _____