SCRAP METAL DEALER REGISTRATION

Form SMD-1 Rev. 11/2017

Date processed



West Virginia Secretary of State

Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381

Website: www.wvsos.gov

Scrap Metal Dealer Registration Form								
Filing type (check one)		nded fi						
Please note that there is NO FILING FEE required to register as a scrap metal dealer. Business Information								
Dusinass nama	Business 1							
Business name			County			s of operation		
					1			
Address, City, State, Zip		Organization licensed through (check one)						
			West Virginia Secretary of State West Virginia State Tax Department* (see note) *If your business is licensed through the WV State Tax Department, please attach a copy of your business registration certificate. You may contact the State Tax Department at 304-558-3333 or 1-800-982-8297.					
Primary phone #	Secondary phone #					site address		
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	Officers							
Officer type (check one) I	Full name and title	icers	Phone number	Ema	ail add	ress		
Owner Principal	an name and true		1 Hone humber	Diffe	all add	1033		
Owner Principal								
Owner Principal								
Owner Principal								
	Physical L	ocatio	n #1					
Address, City, State, Zip					Hour	s of operation		
Primary phone #	Secondary phone #	Fax number						
	Physical L	ocatio	n #2					
Address, City, State, Zip						s of operation		
Primary phone #	Secondary phone #	Fax n	x number					
By signing your name below and submitting this form you are certifying as follows: "I certify the information provided is true. I further certify that I am duly authorized to file this document on behalf of this organization as required by West Virginia Code."								
Print name and title			Signature* (see instructions)			Date		

DO NOT COMPLETE THIS SECTION! This section for use by WV SOS Staff ONLY

Gentax ID

SOS Org ID

INSTRUCTIONS FOR FILING SCRAP METAL DEALER REGISTRATION FORM

BEFORE you fill out the application: The business name you select will be approved**only** if it is available – that is, if the name is not the same as and is distinguishable from any other name which has been reserved or filed. If you prepare business registration papers without applying for and receiving a name reservation, you do so at your own risk. *A telephone check on availability of a name is NOT a guarantee.*

You may apply for a name reservation in writing, accompanied by a \$15 fee payable to the Secretary of State, mailed to the address on the top of the application. Once approved, the name will be held for 120 days.

******There is NO FILING FEE to file the Scrap Metal Dealer Registration*****

FILLING OUT THE APPLICATION:

NOTE: The applicant agrees to register a scrap metal dealer in accordance with §61-3-49-(b)(4) of the revised West Virginia State Business Code which states the following:

(4) Register as a scrap metal dealer with the Secretary of State, who is hereby directed to maintain a list of scrap metal dealers and make it publically available. The list shall include the dealer's business address, hours of operation, physical address, phone number, facsimile number, if any, and the name of the owners and principal officers of the business.

Filing Type - Check the <u>ONE</u> which applies to your filing type:

- Original filing your initial business registration with the West Virginia Secretary of State.
- Amended filing any amendments made to the registered business <u>after</u> the initial registration with the West Virginia Secretary of State.

Business Information

Business Name – enter the business name exactly as it is registered with the West Virginia Office of the Secretary of State.

County – enter the county name in which the business is located in West Virginia. If located outside the state of West Virginia (i.e., a foreign business formed outside the State of West Virginia) enter the number zero "0".

Hours of Operation – enter the regular hours of operation the business intends to transact regular business activities.

Address, City, State, Zip – enter the current number and street address, city, state, and zip code of the principal office location of the business.

Type of organization - Check the ONE which applies to your filing type:

- Licensed through West Virginia Secretary of State
- Licensed through West Virginia State Tax Department* (see note)
 *If your business is licensed through the WV State Tax Department, please attach a copy of your business registration certificate. You may contact the State Tax Department at 304-558-8683 or 1-800-982-8297.

Primary phone number – enter the primary contact phone number for the business (ex: 555-555-555).

Secondary phone number – enter the secondary contact phone number for the business, if any (ex: 555-555-5555).

Fax number – enter the fax number for the business, if any (ex: 555-555-555).

Website address – enter the current business website address of the business, if any.

Officers

Officer type – check <u>ONE</u> type (**Owner <u>OR</u> Principal**) per each individual officer listed. You may list up to four [4] officers. Attach additional pages if necessary to list additional officers.

Physical Location #1

Address, City, State, Zip – enter the current number and street address, city, state, and zip code of the physical office location of the *primary* (#1) physical business location.

County – enter the county name where the *primary* (#1) physical business is located in West Virginia. If located outside the state of West Virginia (i.e., a foreign business formed outside the State of West Virginia) enter the number zero "0".

Hours of Operation – enter the regular hours of operation the *primary* (#1) physical business location intends to transact regular business activities.

Primary phone number – enter the primary contact phone number for the primary (#1) physical business location (ex: 555-555-5555).

Secondary phone number – enter the secondary contact phone number for the *primary* (#1) physical business location, if any (ex: 555-555-555).

Fax number – enter the fax number for the *primary* (#1) physical business location, if any (ex: 555-555-5555).

Physical Location #2

Address, City, State, Zip – enter the current number and street address, city, state, and zip code of the physical office location of the *secondary* (#2) physical business location.

County – enter the county name where the *secondary* (#2) physical business is located in West Virginia. If located outside the state of West Virginia (i.e., a foreign business formed outside the State of West Virginia) enter the number zero "0".

Hours of Operation – enter the regular hours of operation the *secondary* (#2) physical business location intends to transact regular business activities.

Primary phone number – enter the contact phone number for the *secondary* (#2) physical business location (ex: 555-555-555).

Secondary phone number – enter the secondary contact phone number for the *secondary* (#2) physical business location, if any (ex: 555-555).

Fax number – enter the fax number for the *secondary* (#2) physical business location, if any (ex: 555-555-5555).

<u>Note:</u> By signing your name below and submitting this form you are certifying as follows: "I certify the information provided is true. I further certify that I am duly authorized to file this document on behalf of this organization as required by West Virginia Code."

Signature and Date

Print name and title – print clearly the **first and last name** <u>AND</u> **title** of the applicant having signature authority to transact business on behalf of the organization.

Signature* (*see note below*) – the applicant having signature authority to transact business on behalf of the organization must sign in the space provided for the registration to be valid and processed in a timely manner.

*Important Legal Notice Regarding Signature:

Corporations/Voluntary Associations/Business Trusts/Unincorporated Nonprofit
Associations/Limited Partnerships - Per West Virginia Code §31D-1-129. Penalty for signing
false document. Any person who signs a document he or she knows is false in any material respect
and knows that the document is to be delivered to the Secretary of State for filing is guilty of a
misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or
confined in the county or regional jail not more than one year, or both.Limited Liability
Companies/Limited Liability Partnerships - Per West Virginia Code §31B-2-209. Liability for
false statement in filed record. If a record authorized or required to be filed under this chapter
contains a false statement, one who suffers loss by reliance on the statement may recover damages for
the loss from a person who signed the record or caused another to sign it on the person's behalf and
knew the statement to be false at the time the record was signed.

Date – enter the date the registration form is being executed by the applicant.

****<u>DO NOT COMPLETE THIS SECTION</u>!****

****This section for us by West Virginia Secretary of State Staff ONLY!****

Date processed / SOS Org ID / Gentax ID



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Rev. 9/2018

Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE <u>CUSTOMER ORDER REQUEST</u> FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (SEE FEES BELOW).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

1 EXPEDITED SERVICE (24-hour, 2-hour and **1-hour**; *Requires standard filing fee plus additional expedite fee, *see below*)

Expedite Service *Fee EXPEDITED SERVICE requests may be submitted by:

24-Hour \$ 25.00 - E-mail to efilings@wvsos.gov

2-Hour \$250.00 - Fax

1-Hour \$500.00 - Walk in delivery

(2) STANDARD PROCESSING (5-10 business days)

Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:

- E-mail to CorpFilings@wvsos.gov

- Fax

- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the <u>e-Payment Authorization</u> form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS Standard and Expedited Filings

Charleston OfficeClarksburg OfficeMartinsburg OfficeOne-Stop Business CenterNorth Central WV Business CenterEastern Panhandle Business Center

 1615 Washington Street East
 200 West Main Street

 Charleston, WV 25311
 Clarksburg, WV 26301

 Phone: (304) 558-8000
 Phone: (304) 367-2775

 Fax: (304) 558-8381
 Fax: (304) 627-2243

Hours: Mon. - Fri. 8:30a - 5:00p EST Hours: Mon. -Fri. 9:00a - 5:00p EST Hours: Mon. -Fri. 9:00a - 5:00p EST

229 E. Martin Street Martinsburg, WV 25401 Phone: (304) 356-2654

Fax: (304) 260-4360

Hours: Mon. - Fri. 9:00a - 5:00p EST



READ CAREFULLY BEFORE SUBMITTING - **Expedite service is NOT AVAILABLE for the following filings:**

West Virginia Secretary of State

Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381

Website: www.wvsos.gov

Rev. 9/2018

Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

Order Processing Requested*	: * * * Expedite Pro	cessing Requires Additional	Fees * * *			
Standard Processing**	24-HOUR Expedite***	2-HOUR Expedite	1-HOUR Expedite			
(Avg. processing turnaround 5-10 business days)	(additional \$25.00 fee included)	(additional \$250.00 fee included)	(additional \$500.00 fee includ			
mail to: CorpFilings@wvsos.gov	Email to: eFilings@wvsos.gov					
*Standard Processing applications rece **NOTE: Orders filed in person throu xpedite fee of \$25.00 per order. me of Entity:						
urn filing to: turn Address)						
ntact Name:	Phone:					
turn Delivery Options: Email	or Fax options do not receive	a copy via mail; must be ordered	d separately.			
Email to:		Fax to:				
Hold for Pick Up Mail t	to Return Address above	FedEx: Acct #				
Other (explain below):		UPS: Acct#				

Payment Method:

Check/Money Order	Credit Card	(Must attach e-Payment Authorization request form including payment information.)
	1	

* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if

you want a file stamped copy returned to you at no extra charge. Certified copy requests are an

Cash (<u>Do Not</u> mail cash)

additional \$15 per certified copy being requested.

Pre-paid Acct #: ____ Attach signed pre-paid slip.

Total Amount:



24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "24-HOUR EXPEDITE" request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



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Rev. 11/2017

e-Payment Authorization

Authorized Signature

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party. **Service Type:** Fax E-mail Mail Payment by Card (card holder name and billing address required below) Card Type: Mastercard Discover American Express Visa Credit Card Number: V Code* * 3-digit number on back of VISA, MasterCard and Discover cards. 4-digit number on front right side of American Express card. NOTICE: For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request. Credit Card Expiration Date: Month: Year: **Amount to Charge Card: USD \$ Order Information** (required) **Entity Name: Card Holder Information:** Name as it appears on the account Billing Address Zip Code City State Telephone Ext. **Payment Information Storage Authorization** (optional) I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State: Date **Authorized Signature Payment Authorization** (required) I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s): Date

Not to Exceed Amount: USD \$