Haralson County Sheriff's Office Secondary Metals Recycler Registration Form				
Name of Corporation o	or Partnership (if aj	oplicable)		
Full Name of Individua	l Registering			
	(Please print)	First	Middle	Last
Physical Address		-	umber if applicable. <i>P. O. Box <u>not</u> acceptable.</i> where an individual can be located in-person for th	e company.
	City		State	Zip
Mailing Address	If different from above,	provide street addre	ess; include apartment number if applicable; or prov	ide P. O. Box.
Contact Information	City		State	Zip
	Email			
	Day Telephone Number		Evening Telephone Number	Cell Number
If the on-site manager active on-site manager Name of the On-Site Ma	of the business.	e above, comple First	<i>te the following information for the pers</i> Middle	son who is currently t Last
Physical Address	Provide street address;	include apartment n	umber if applicable. <i>(P. O. Box <u>not</u> acceptable)</i>	
Contact Information	City		State	Zip
	Email			
	Day Telephone Number			

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.

Last updated April 2021

## 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 0.C.G.A. § 50-36-1:

- 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.
- 2. \_\_\_\_\_ 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 laws relevant to secondary metals recyclers at all times.

- □ I am informed of the statues pertaining to the Secondary Metals Recylers pursuant to HB872, and the following statues *O.C.G.A.* § 10-1-350 through *O.C.G.A.* § 10-1-363, *O.C.G.A.* § 40-3-36, and *O.C.G.A.* § 40-3-56.
- □ 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

Date

Date

Date

Expiration Date of Registration

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

Sheriff or Sheriff's Designee Signature

Effective Date of Registration

**Registration Number** 

Last updated April 2021