

STAFFORD BOROUGH COUNCIL

REQUEST FOR A POLICE CHECK IN RESPECT OF AN APPLICATION FOR GRANT OR RENEWAL OF MOTOR SALVAGE OPERATOR REGISTRATION

PART A To be completed by applicant

I am aware that the grant of such a registration is subject to a police record check. This has been explained to me and I understand that spent convictions are not considered by the Licensing Authority. I hereby declare that the information given below is true.

Signature Date

Surname/Family Name All forenames

All Previous Surnames/Family Names

Date of Birth Place of Birth Sex - Male/Female

Present Address

.....

Previous addresses in last five years Date from to

.....

.....

.....

Commence overleaf, if necessary, giving dates

HAVE YOU EVER BEEN CONVICTED AT A COURT OR CAUTIONED BY THE POLICE FOR ANY OFFENCE WHICH IS NOT NOW SPENT UNDER THE TERMS OF THE REHABILITATION OF OFFENDERS ACT 1974? YES/NO

If YES, provide details overleaf, including approximately date, the offence and the Court or Police force which dealt with you.

PART B: To be completed by the Nominated Officer

The details provided have been verified and I am satisfied they are accurate.
The subject has not been checked previously/was last checked on/...../.....

..... (Signed) Date Tel: 01785 619388

PART C For Police Use Only Ref:

PREVIOUS ADDRESSES in last 5 years

Date from: to:

CONVICTIONS NOT SPENT UNDER THE REHABILITATION OF OFFENDERS ACT 1974

DATE	OFFENCE	COURT	SENTENCE