State of Tennessee
Department of Commerce and Insurance
Scrap Metal Dealer Registration Program
500 James Robertson Parkway
Nashville, TN 37243
(615) 741-1741 FAX 615-253-1179
www.tn.gov/commerce/boards/scrap/index.html

SCRAP METAL DEALER REGISTRATION WITHDRAWAL

NO FEE IS REQUIRED WITH THIS SUBMISSION

Attach and return your original dealer registration with this form

Original Certificate Number:_____

Date: _____

Registrant Scrap Metal Dealer's Name: _____
(May be a business or natural person)

Street Address of Business Location: _____

City: _____, TN Zip Code: _____

Mailing Address if different from above:_____

City: _____, TN Zip Code: _____

Phone number(s):_____

Email address: *(optional)*_____

I, the undersigned, declare under penalties of perjury pursuant to Tennessee Code Annotated § 39-16-702(a)(3), that the information contained in this registration application is true, correct and complete to the best of my knowledge, information and belief and that I am duly authorized to act on behalf of the Scrap Metal Dealer listed above.

_____
Print Name of Registrant or Duly Authorized Agent

_____
Signature Date