Town of Christiansburg Secondhand Building Fixtures Transaction Form

Reference Code of Virginia § 59.1-120, 59.1-121

DEALER INFO Business Name and Address: _____

Junk Dealer Permit #: _____

TRANSACTION INFO Date: _____ Time: _____ Address from which property was acquired: _____

Individual from whom the material was collected

Name (Last, First, Middle) Sex Date of Birth

Residential Address (Street/Apt #/City/State/Zip) Home Phone Cell Phone

Enter driver's license or other government identification below:

ID Type ID Number ID State

If obtained from another dealer, enter their permit number here: _____

Vehicle Used to Transport / Deliver Metal:

Make Model Color State Tag

Trailer Used to Transport / Deliver Metal:

Make Model Color State Tag

Item

Type/Grade of Metal _____ Manufacturer _____ Model _____ Serial # _____ Other # _____

Quantity _____ Weight _____ Add'l Description (cut, markings) _____

Item

Type/Grade of Metal _____ Manufacturer _____ Model _____ Serial # _____ Other # _____

Quantity Weight Add'l Description (cut, markings)

Item

Type/Grade of Metal _____ Manufacturer _____ Model _____ Serial # _____ Other # _____

Quantity _____ Weight _____ Add'l Description (cut, markings) _____

Item

Type/Grade of Metal _____ Manufacturer _____ Model _____ Serial # _____ Other # _____

Quantity _____ Weight _____ Add'l Description (cut, markings) _____

I certify that the information contained above is accurate to the best of my knowledge:

Signature of Dealer Date

Revised 07/05/2013