



Virginia Scrap Metal TRANSACTION FORM

Reference Code of Virginia § 59.1-121, 59.1-136.3, 59.1-136.5

DEALER INFO

Business Name and Address: _____
State License #: _____ Other Scrap/Junk License #: _____

TRANSACTION INFO

Transaction #: _____ Date: _____ Time: _____ Person Entering Ticket: _____

Individual Delivering Metal	Name (Last, First, Middle) _____ Sex _____ Date of Birth _____ Height _____ Weight _____ Hair _____ Eyes _____ Scars/Marks/Tattoos _____												
	Residential Address (Street/Apt #/City/State/Zip) _____				Home Phone _____		Cell Phone _____		Employer Phone _____				
	Place of Employment and Address _____												
	ID Type _____		ID Number _____		ID State _____		ID Type _____		ID Number _____		ID State _____		*** ATTACH PHOTOCOPY OF ID ***
	Vehicle Used to Transport Metal:		Make _____		Model _____		Color _____		State _____		Tag _____		
	Trailer Used to Transport Metal:		Make _____		Model _____		Color _____		State _____		Tag _____		

Item	Type/Grade of Metal _____ Manufacturer _____ Model _____ Serial # _____ Other # _____										
	Quantity _____	Weight _____	Add'l Description (cut, markings) _____				Amount Paid _____	Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other			

Item	Type/Grade of Metal _____ Manufacturer _____ Model _____ Serial # _____ Other # _____										
	Quantity _____	Weight _____	Add'l Description (cut, markings) _____				Amount Paid _____	Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other			

Item	Type/Grade of Metal _____ Manufacturer _____ Model _____ Serial # _____ Other # _____										
	Quantity _____	Weight _____	Add'l Description (cut, markings) _____				Amount Paid _____	Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other			

Item	Type/Grade of Metal _____ Manufacturer _____ Model _____ Serial # _____ Other # _____										
	Quantity _____	Weight _____	Add'l Description (cut, markings) _____				Amount Paid _____	Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other			

I am the rightful owner of, or entitled to sell the regulated metals property being sold:

Signature of Individual Delivering Regulated Material

Date

Signature of Buyer

Date

TOTAL PAID

\$ _____



Virginia Scrap Metal TRANSACTION FORM - Continuation

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TRANSACTION INFO

Transaction #: _____ Date: _____ Time: _____ Person Entering Ticket: _____

Item	Type/Grade of Metal _____	Manufacturer _____	Model _____	Serial # _____	Other # _____
	Quantity _____	Weight _____	Add'l Description (cut, markings) _____	Amount Paid _____	Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other

Item	Type/Grade of Metal _____	Manufacturer _____	Model _____	Serial # _____	Other # _____
	Quantity _____	Weight _____	Add'l Description (cut, markings) _____	Amount Paid _____	Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other

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	Quantity _____	Weight _____	Add'l Description (cut, markings) _____	Amount Paid _____	Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other

Item	Type/Grade of Metal _____	Manufacturer _____	Model _____	Serial # _____	Other # _____
	Quantity _____	Weight _____	Add'l Description (cut, markings) _____	Amount Paid _____	Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other