



BLUE HEN CORPORATE CENTER  
655 BAY ROAD, SUITE 1B  
DOVER, DE 19901

STATE OF DELAWARE  
DEPARTMENT OF SAFETY AND HOMELAND SECURITY  
**DIVISION OF STATE POLICE**

PHONE: 302-672-5337  
FAX: 302-739-1204  
[www.dsp.delaware.gov](http://www.dsp.delaware.gov)

## **Pawnbroker, Secondhand Dealer & Scrap Metal Processor (PBSS) License**

New Licensure ( )

\* Renewal ( )

**ALL LICENSES EXPIRE DECEMBER 31<sup>ST</sup>**

Pawnbroker \_\_\_\_\_ Secondhand Dealer \_\_\_\_\_ Scrap Metal Processor \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Location for which the license is being requested:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: DE Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail for physical address: \_\_\_\_\_

Name of contact person for physical address: \_\_\_\_\_

Mailing Address if different from physical address:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail for mailing address: \_\_\_\_\_

Name of contact person for mailing address: \_\_\_\_\_

*\* Only required to complete page one providing no changes were made in ownership or management.*

**PBSS Delaware Office Applicant**

**\*\* Complete Information Mandatory \*\***

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Alias or Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell/Daytime Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Social Security: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a crime as an adult or juvenile? [ ] Yes [ ] No

If yes, please list the charge, date of arrest, court and disposition. Failure to list an arrest could result in your application being rejected or your license being revoked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this application I agree that I have reviewed and will comply with Title 24 Chapter 23 Pawnbrokers, Secondhand Dealers & Scrap Metal Processors and the Rules & Regulations.**

Signature: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

**Partner/Corporate Officer**

**\*\* Complete Information Mandatory \*\***

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Alias or Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell/Daytime Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Social Security: \_\_\_\_\_

Have you ever been convicted of a crime as an adult or juvenile? [ ] Yes [ ] No

If yes, please list the charge, date of arrest, court and disposition. Failure to list an arrest could result in your application being rejected or your license being revoked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this application I agree that I have reviewed and will comply with Title 24 Chapter 23 Pawnbrokers, Secondhand Dealers & Scrap Metal Processors and the Rules & Regulations.**

Signature: \_\_\_\_\_

Corporate Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_