



600 SOUTH BAY ROAD, SUITE 1
DOVER, DE 19901

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

PHONE: 302-672-5337
FAX: 302-739-5888
www.dsp.delaware.gov

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

New Licensure ()

Renewal ()

ALL LICENSES EXPIRE DECEMBER 31ST

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: _____

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: _____

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Signature: _____

Corporate Title/Position: _____

Date: _____