



# CITY OF PLYMOUTH

www.plymouthmi.gov

Police Department  
201 S. Main  
Plymouth, Michigan 48170-1637

Phone 734-453-8600  
Fax 734-455-1664

## APPLICATION FOR CERTIFICATE OF REGISTRATION PRECIOUS METAL AND GEM DEALERS

New Dealer Applicant  Dealer Applicant Renewal  Employee or Agent

Name \_\_\_\_\_  
Last First Middle

Maiden Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City and State Zip Code

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

Business Address \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Right Thumb Print

Left Thumb Print

**Note to dealer: New employees must be properly registered with the City of Plymouth Police Department within 24 hours after they are employed.**

**The following information will assist the City of Plymouth Police Department in processing this application.**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

State where Driver's License Issued \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Have you been convicted of receiving or concealing stolen property? Yes  No

If yes, please explain. When \_\_\_\_\_ Where \_\_\_\_\_

For Police Department Use Only:

Expiration Date \_\_\_\_\_

DEALER CERTIFICATE NUMBER \_\_\_\_\_

Fee \_\_\_\_\_ Approved  Denied

Comments \_\_\_\_\_

Police Department Signature \_\_\_\_\_

Date \_\_\_\_\_