

REGISTRATION STATEMENT
DEALER OF CRAFTED PRECIOUS METALS

DATE: _____

NAME OF BUSINESS: _____

ADDRESS: _____

APPLICANT: _____

ADDRESS: _____

TEMPORARY BUSINESS ADDRESS: _____

NAMES & ADDRESSES OF CORPORATE OFFICERS AND DIRECTORS OR ASSOCIATION MEMBERS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**A DEALER WHO FAILS TO FILE A REGISTRATION STATEMENT IN VIOLATION OF THIS SECTION COMMITS A
CLASS B MISDEMEANOR.**

Mail original to: Office of Consumer Credit Commissioner
Finance Commission Building
2601 N Lamar Blvd
Austin, Texas 78705-4260