



MATTRESS, PILLOW AND BEDDING PROGRAM

TITLE 16 DELAWARE CODE CHAPTER 21

APPLICATION FOR INITIAL PERMIT AND PERMIT RENEWAL

TO SELL, LEASE AND/OR SHIP SANITIZED USED BEDDING PRODUCTS INTO DELAWARE

Answer all questions and return to: (Print legibly)

HEALTH SYSTEMS PROTECTION, BEDDING PROGRAM
JESSE COOPER BUILDING
417 FEDERAL ST.
DOVER, DE 19901

1. Legal name of business to appear on permit:

[Empty box for business name]

Address to mail permit (include business name if different from above):

[Empty box for mailing address]

2. List all bedding products sanitized

[Empty box for listing products]

3. Address of business where sanitization takes place

[Empty box for business address]

4. Method of Sanitization

[Empty box for sanitization method]

Attach one (1) Law Label bedding tag with Uniform Registry Number (URN) - For both Initial and Sanitization Permit Number
Uniform Registry Number \_\_\_\_\_ Sanitization Permit Number \_\_\_\_\_

Note: Sanitization Permit Number and Delaware Bedding Permit Number are two separate numbers.
The latter is the number of the permit for which you are applying. The former is on the law label.

No permit will be issued without an original law label attached to application

- Each different Uniform Registry Number requires a separate permit application and \$50 fee.
Make additional copies of this application as needed.

Enclose check or money order in amount of \$50.00 US payable to STATE OF DELAWARE

Check No. \_\_\_\_\_

Contact Information: (Please print legibly and sign in ink)

Name of person to whom permit will be sent: \_\_\_\_\_

Phone No. & Extension \_\_\_\_\_ Fax No. \_\_\_\_\_

Note: this office cannot place telephone calls or send faxes outside U.S.

E-MAIL Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Applicant - Do not write below the dotted line

Date Approved: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Bedding Permit Number \_\_\_\_\_

Signature of Official: \_\_\_\_\_ PAID STAMP: \_\_\_\_\_