



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Healthy Homes and Lead Poisoning Prevention

**Application for Renovation, Repair,
and Painting (RRP) Certification of Firms**

Name of Firm: _____

Company Address: _____

Street Address

City

State

Zip

Mailing Address (if different from above): _____

Street Address

City

State

Zip

Company E-mail Address: _____

Federal EI#: _____

Company Phone #: _____ Company Fax #: _____

Mobile/Beeper #: _____

The following information will be provided to the public on the Healthy Homes and Lead Poisoning Prevention Program Web page at www.LeadSafeDelaware.org:

Company Contact Name: _____

Company Contact Phone #: _____

Company Contact email address: _____

Type of services performed by company: _____

Application Type:

Initial

Recertification

Does this firm have any past, present, or pending lead-based paint violations of EPA, State, US territory, or Indian tribal land(s) regulations? If yes, please attach a written explanation.

Yes

No

Certification Statement

I hereby attest and affirm the following:

- The information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge.
- This firm shall only employ appropriately qualified and certified individuals to conduct lead-based paint activities.
- This firm shall maintain its certification(s) according to 16 DE Admin. Code 4459B §7.0.
- This firm and its employees shall follow the information distribution requirements, work practice standards, and recordkeeping and reporting requirements set forth in 16 DE Admin. Code 4459B §3.0, §4.0 and §5.0 for conducting Renovation, Repair and Painting activities.
- This firm and its employees shall permit the Department of Health and Social Services staff access to business premises and facilities, including work sites, to conduct inspections and take samples, in accordance with 16 DE Admin. Code 4459B §12.0.
- I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.

Attesting Individual’s Signature **Date Signed**

Name of Attesting Individual * (please print): _____

Last First Middle

Attesting Individual’s Title * (please print) _____

Attesting Individual’s Phone #: _____ **Ext. #:** _____

Attesting Individual’s E-mail Address: _____

Contractor/Firm Certification Fee: \$100.00 for 2 years

Payment in full must be sent with this Application. Please make check or money order payable to "State of Delaware". **Application fees are non-refundable. Firms must re-certify every two years.**

For assistance in completing this application, please call (302) 744-4546.

Mail your application to:
Healthy Homes and Lead Poisoning Prevention Program
Jesse Cooper Building
417 Federal Street
Dover, DE 19901

This Application is in compliance with and subject to the provisions of the State of Delaware Regulations Governing Residential Property Renovation, Repair and Painting, adopted January 1, 2014, by the Secretary of Delaware Health & Social Services, under the authority of 16 DE Code, Chapter 1, §122(3)t(1); Date of Effect January 11, 2014.

OFFICE USE ONLY	Certificate #	Issue Date	Effective Date	Expiration Date
	Authorized Signature / Date		Supervisor Initial	Total Fee(s)