



Application for Lead Abatement Certification of Firms

Name of Firm: _____

Firm Address: _____

Street Address

City

State

Zip

Mailing Address (if different from above): _____

Street Address

City

State

Zip

Firm E-mail Address: _____ Federal EI#: _____

Firm Phone #: _____ Firm Fax #: _____ Mobile/Beeper #: _____

Firm Contact Person: _____

Firm Contact Person's Phone #: _____

Firm Contact Person's Email Address: _____

Type of Services Performed by Firm:

Four horizontal lines for describing services performed by the firm.

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 and its employees shall follow the work practice standards set forth in 16 DE Admin. Code 4459, Section 5.0 for conducting lead-based paint at all times.
- This firm and its employees shall permit Department of Health and Social Services staff access to business premises and facilities, including work sites, to conduct inspections and take samples.
- 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 _____

*The attesting individual must have the legal authority to enter into binding agreements on behalf of the firm.

Name of Attesting Individual: *:
Last First Middle

*Must be printed legibly.

Attesting Individual's Title: _____

Attesting Individual's Phone #: _____ Ext. #: _____

Attesting Individual's Email Address: _____ Date _____

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.

This Application is in compliance with and subject to the provisions of the State of Delaware Regulations Governing Lead-Based Paint Hazards, adopted November 1, 2012, by the Secretary of Delaware Health & Social Services, under the authority of 16 DE Code, Chapter 1, §122(3)t; Date of Effect November 11, 2012

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

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