



MATTRESS, PILLOW AND BEDDING PROGRAM
TITLE 16 DELAWARE CODE CHAPTER 21
APPLICATION FOR INITIAL PERMIT AND PERMIT RENEWAL
TO MANUFACTURE OR SHIP BEDDING PRODUCTS INTO DELAWARE

Answer all questions and return to: HEALTH SYSTEMS PROTECTION, BEDDING PROGRAM
(Print legibly) JESSE COOPER BUILDING
417 FEDERAL ST.
DOVER, DE 19901

1. Legal name of business to appear on permit: [Form box]

Address to mail permit (include business name if different from above): [Form box]

2. Do you manufacture bedding products? YES ___* NO ___
If YES: list physical location (City, State, Country) of bedding manufacturing sites:

3. Do you distribute bedding products manufactured by others? YES ___* NO ___
If YES, list the Business Names and Locations of suppliers whose products you distribute.
(Use extra sheets if needed.)

4. List types of bedding products shipped into Delaware:

- Attach one (1) Law Label bedding tag with Uniform Registry Number (URN) - For both Initial and renewal.
No permit will be issued without an original law label attached to application. URN _____
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

ATTENTION OVERSEAS COMPANIES:

Enclose money order or bank draft with US DOLLARS IMPRINTED ON THE MONEY ORDER OR BANK DRAFT.
Payments with hand-written US Dollar amounts cannot be accepted from outside U.S. 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: _____