



STATE OF DELAWARE

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: DPH HSP OFP
(Print legibly) 417 FEDERAL ST
DOVER, DE 19901-3635 Ph: 302-744-4546 Fax: 302-739-3839

1. Legal name of business to appear on permit:

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

2. List all bedding products sanitized

3. Address of business where sanitization takes place

4. Method of Sanitization:

Attach one (1) Law Label bedding tag with Uniform Registry Number (URN) 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: