

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

Company Address:					
Street Address					
City	State	ZIP			
Mailing Address (if different from above):					
		Street Address			
City	State	ZIP			
Company E-mail Address:					
ederal El#:					
Company Phone #:	Company	Fax #:			
/lobile/Beeper#:					
Tobile/Beeper #.					
	v.LeadSafeDelaware.org:	_			
RRP Trained/Certified Staff Member	v.LeadSafeDelaware.org: er Name:	_			
RRP Trained/Certified Staff Member Company Contact Name:	v.LeadSafeDelaware.org: er Name:				
Prevention Program Web page at www RRP Trained/Certified Staff Member Company Contact Name:	v.LeadSafeDelaware.org: er Name:				
Prevention Program Web page at www RRP Trained/Certified Staff Member Company Contact Name: Company Contact Phone #:	v.LeadSafeDelaware.org: er Name:				
Prevention Program Web page at www RRP Trained/Certified Staff Member Company Contact Name: Company Contact Phone #: Company Contact email address:	v.LeadSafeDelaware.org: er Name:				
Prevention Program Web page at www RRP Trained/Certified Staff Member Company Contact Name: Company Contact Phone #: Company Contact email address:	v.LeadSafeDelaware.org: er Name:				
Prevention Program Web page at www RRP Trained/Certified Staff Member Company Contact Name: Company Contact Phone #: Company Contact email address:	v.LeadSafeDelaware.org: er Name:				
Prevention Program Web page at www RRP Trained/Certified Staff Member Company Contact Name: Company Contact Phone #: Company Contact email address: Type of services performed by com	v.LeadSafeDelaware.org: er Name:				
Prevention Program Web page at www RRP Trained/Certified Staff Member Company Contact Name: Company Contact Phone #: Company Contact email address: Type of services performed by com	v.LeadSafeDelaware.org: er Name: ipany:				
RRP Trained/Certified Staff Member Company Contact Name: Company Contact Phone #: Company Contact email address: Type of services performed by company Contact Phone #: Type of services performed by Company Contact Phone #: Recertification Type: Initial Recertification	v.LeadSafeDelaware.org: er Name: papany: ation				
Company Contact Name: Company Contact Phone #: Company Contact email address: Type of services performed by com	v.LeadSafeDelaware.org: er Name: pany: r pending lead-based paint vie	olations of EPA, State, US territ			

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 Signat	ure		Date Signed
Name of Attesting Individua	* (print):		
	Last	First	Middle
Attesting Individual's Title *	(print)		
Attesting Individual's Phone	#:	Ext. #:	
Attesting Individual's E-mail	Address:		
Co	ntractor/Firm Certification Fee	e: \$300.00 for five year	rs

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

For assistance in completing this application, 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)

^{*}Print legibly or type. The attesting individual must have the legal authority to enter into binding agreements on behalf of the firm. Page **2** of **2**