

APPLICATION FOR ASBESTOS ABATEMENT CONTRACTOR

CLASS "A"

Authority: 16 Del. Code, Chapter 78, Paragraph 7803 and  
7805(9) "Asbestos" and the Department of  
Administrative Service's Regulation.

\_\_\_\_ 1. Name of Firm: \_\_\_\_\_

\_\_\_\_ 2. Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)

\_\_\_\_ 3. Phone Number: \_\_\_\_\_

\_\_\_\_ 4. Contact Person & Title: \_\_\_\_\_

\_\_\_\_ 5. Primary Business Activity: \_\_\_\_\_

\_\_\_\_ 6. Federal Employer Identification No: \_\_\_\_\_

\_\_\_\_ 7. State of Delaware Business License No: \_\_\_\_\_

\_\_\_\_ 8. How long has the company functioned under its present  
name? \_\_\_\_\_

\_\_\_\_ 9. Has the company's name changed within the last five (5)  
years? If yes, list all other names and addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 10. Is the company involved in any joint ventures? If yes, list all joint ventures: \_\_\_\_\_

\_\_\_\_ 11. Are you a certified asbestos abatement contractor in another state? \_\_\_\_\_. If so, where?

\_\_\_\_\_ (attach copies of certification from other states).

INSTRUCTIONS: For ease of processing, please answer the following questions on attachments and tabulate corresponding with the following questions.

\_\_\_\_ 12. The applicant is:

\_\_\_\_\_ An Individual

\_\_\_\_\_ A Corporation

\_\_\_\_\_ An Unincorporated Association

\_\_\_\_\_ Other (specify)

\_\_\_\_ 13. In what state is the firm incorporated or if unincorporated, what is the primary legal office of the firm?

\_\_\_\_ 14. List of members, partners, stockholders, officers and directors of the firm. Provide the name, address, title, and percent ownership of the firm for each of the above.

\_\_\_\_ 15. If the contracting firm requesting certification is owned in whole or part, by another firm, or is affiliated with another firm, provide all the information requested in the previous paragraph for all members of that firm.

\_\_\_\_ 16. If you answer yes to any of the questions in this section, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.

	YES (X)	NO (X)
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|----|--|-------|-------|
| A. | Within the past five (5) years been a party in litigation involving laws governing asbestos abatement or any labor laws?   | _____ | _____ |
| B. | Been charged with or convicted of any criminal offense, other than a minor motor vehicle violation?  | _____ | _____ |
| C. | Been subject to, or has pending, any disciplinary action(s) or citation(s) or violation(s) by any administrative, governmental, or regulatory agency, including, but not limited to, OSHA, EPA, and DNREC? | _____ | _____ |
| D. | Now subject to any order resulting from any criminal, civil, or administrative proceedings brought against such company, persons, or parties by any administrative, governmental, or regulatory agency?    | _____ | _____ |
| E. | Been denied any license/certification or had it suspended or revoked by any administrative, governmental, or regulatory agency?  | _____ | _____ |
| F. | Been informed of any current or on-going investigation with respect to possible violations of such company, persons, or parties or state or federal securities, anti-trust, or criminal laws?              | _____ | _____ |
| G. | Disbarred, suspended, or disqualified from contracting with any federal, state or municipal agency?  | _____ | _____ |

- H. A defendant in any civil or criminal litigation? \_\_\_\_\_
- I. Had a bonding or surety company complete or make financial settlements upon any contract in which you or your principals were interested? \_\_\_\_\_
- J. Ever been adjudicated as bankrupt under individual or any firm name whatsoever, in the State of Delaware, or any other state, or made any assignment either voluntary or otherwise, for the benefit of, or in fraud of creditors? \_\_\_\_\_
- K. Ever failed in business or to complete a contract? \_\_\_\_\_
- L. Are there now any liens or judgments pending or recorded against the firm or principals of your firm? \_\_\_\_\_
- \_\_\_\_17. Submit the declarations page and a list of any exclusions for any and all insurance carried by the applicant including, but not limited to, General Liability, Worker's Compensation, Employer's Liability, and Asbestos Liability Insurance.
- \_\_\_\_18. Contractor experience, including a list of all asbestos abatement contracts completed (within the past 24 months). List the name and address of the facility, the owner's name, an contact person and that person's telephone number.
- \_\_\_\_19. The contractor shall furnish written documentation that the personnel in charge of asbestos project have experience on asbestos abatement and demolition projects. Documentation shall include the name, address, and detailed resumes of those company employees who will manage and run asbestos abatement activities. Evidence that asbestos workers have a Delaware "Asbestos Abatement Worker/Supervisor Certificate."
- \_\_\_\_20. A description of any asbestos abatement projects which were prematurely terminated or not completed, including all circumstances surrounding termination.

- \_\_\_21. A list of any contractual penalties which the contractor has paid for breach or non-compliance with contract specifications, such as, but not limited to, overruns of completion time or liquidated damages.
- \_\_\_22. A description of compliance with OSHA requirements for personal monitoring and medical surveillance.
- \_\_\_23. A thorough, accurate description of respirators that the abatement firm will use. Include written respirator plan for employees as stated in 29 CFR 1910.1001 J.6.
- \_\_\_24. A description of the procedures that the abatement contractor will use for handling asbestos-contaminated waste.
- \_\_\_25. A description of the site decontamination procedures that the abatement contractor will use.
- \_\_\_26. The name and address of each waste hauler that will be used, including telephone number, contact person and applicable identification numbers used. Must also have access to a Delaware landfill.
- \_\_\_27. A description of the air monitoring procedure that the abatement firm will use.
- \_\_\_28. A description of all services offered by this firm and a total percentage of time spent on each activity.
- \_\_\_29. A list of all employees that are Delaware certified job supervisors/workers, including the date trained. Attach copies of their certificates.
- \_\_\_30. The number, manufacturer, type (model number) and capacity of Type "C" respirator system air compressors owned by the firm.

\_\_\_\_31. The number, manufacturer, and type (model number) of air purifying respirators owned by the firm and the number and types of cartridges normally maintained in inventory for use with them.

SEND TO: Asbestos Licensing  
State of Delaware  
540 S. DuPont Highway-Suite #1  
Dover, DE 19901  
(302) 739-5644  
(302) 739-3037/6148 - FAX

AFFIDAVIT

- A. I certify under penalty of the laws of the State of Delaware that all statements, answers and representations in this application, including all supplementary statements attached thereto, are true and accurate, and acknowledge that any purposeful false information submitted on behalf of myself and/or this applicant and verified by the Department.
- B. I understand that this application is subject to verification and that I agree to provide additional documentation as required for the same purpose. I also understand that references may be contacted and that I do hereby give permission for the disclosure of information which may be needed to determine certification application validity.
- C. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for certification.

Name of Applicant \_\_\_\_\_

Present Address of Applicant \_\_\_\_\_  
 (print or type) (print or type)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Personally appears \_\_\_\_\_ being duly sworn, deposes and saith:

That the foregoing statements of experience of the above-named applicant and all statements therein contained are true and correct and the answers of the foregoing are true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
Print Name and Address of Notary Public  
 Attach a \$100.00 non-refundable application fee payable to the State of Delaware