

**RECERTIFICATION**

APPLICATION FOR ASBESTOS ABATEMENT CONTRACTOR  
CLASS "A"

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

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

\_\_\_\_\_ street city zip code

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

4. Contact: \_\_\_\_\_

\_\_\_\_ 5. If the company's name has changed within the last year, list all other names and addresses:

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

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

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

\_\_\_\_ 8. Is the company involved in any joint ventures? If yes, list all joint ventures:

\_\_\_\_ 9. Have you become a certified asbestos abatement contractor in another state in the last year? \_\_\_\_ If so, where?

\_\_\_\_ 10. List any change in the following:

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

\_\_\_\_ 11. If the contracting firm requesting certification is owned in whole or in 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.

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

- |          |   | YES   | NO    |
|----------|---|-------|-------|
|          |   | (X)   | (X)   |
| _____12. | Has/is the company of any of the parties identified in the sections above:  | _____ | _____ |
| A.       | Within the past year been a party in litigation involving laws governing hours of labor, minimum wage standards, prevailing wage rate, child labor, or discrimination in wages?                           | _____ | _____ |
| 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 of 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 made 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 or against any firm in which you or principals were interested at the time such indebtedness was created, or against any property involved under any of your contracts arising out of you, or principals, previous operations either in the state or elsewhere? (for the purpose of these questions, an obligation is not satisfied by a discharge or bankruptcy or the bar of the statute of limitations)? \_\_\_\_\_

M. Been given a line or limit for bid or performance bond? If yes, give approximate amount and name and address of principal bonding company. \_\_\_\_\_

\_\_\_\_13. Contractor experience, including a list of all asbestos abatement contracts completed, in progress, or under contract within the last year. List the name and address of the facility, the owner's name, a contact person and that person's telephone number.

\_\_\_\_14. A description of any asbestos abatement projects which were prematurely terminated or not completed, including all circumstances surrounding termination within the last year.

\_\_\_\_15. 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.

\_\_\_\_16. 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 and Employer's Liability.

\_\_\_\_17. Provide a list of all employees that are Delaware certified asbestos workers/supervisor, including the date trained. Also attach copies of their training certificates.

SEND TO: Asbestos Licensing  
State of Delaware  
540 S.DuPont Highway-Suite #1  
Dover, DE 19901  
(302) 739-5644  
(302) 739-3037 - 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 reference may be contacted and that I do hereby give permission for 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 of required information may result in rejection of this application for certification.

\_\_\_\_\_  
 Name of Applicant Present Address of Applicant  
 \_\_\_\_\_  
 (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

\_\_\_\_\_  
 Print Name and Address of Notary Public

**Attach \$100.00 non-refundable application fee made payable to the State of Delaware.**