

APPLICATION FOR ASBESTOS ABATEMENT CONTRACTOR

CLASS "B" LIMITED

Authority: 16 Del. Code Chapter 78, Paragraph 7803 and 7805(9) "Asbestos" and the Office of Management and Budget Regulation.

1. Name of Firm: _____

2. Mailing Address: _____

_____ (city) _____ (state) _____ (zip)

3. Phone Number: _____

4. Email Address: _____

5. Contact Person & Title: _____

6. Primary Business Activity: _____

7. State of Delaware Business License No: _____
(Please attach a copy)

8. How long has the company functioned under its present name? Years _____ Months _____

9. Has the company's name changed within the last five (5) years? Yes No

If yes, list all other names and addresses:

10. Are you certified in another State to handle asbestos materials. If yes, list states:

11. Is your firm:

An Individual

A Corporation

An Unincorporated Association

Other (specify) _____

12. If incorporated or unincorporated, what is the primary legal address of your firm?

13. List of members, partners, stockholders, officers, and directors of the firm. Provide the name, address, title, and percent ownership. (Please list on separate attachments)

14. 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.

15. 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.

Has/is the company or any of the parties identified in the sections above:	YES (X)	NO (X)
A. Within the past five (5) years been a party in litigation involving laws governing asbestos abatement?	_____	_____
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 municipal 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. Been given a line or limit for bid or performance bond? If yes, give approximate amount and name and address of principal bonding company.	_____	_____

16. Furnish copies of successful completion of asbestos course certificates for Supervisor/Workers.
17. Furnish brief description of work experience for asbestos trained employees.

SEND TO: Asbestos Licensing
State of Delaware
Haslet Armory
122 Martin Luther King Jr. Blvd.
Dover, DE 19901
(302) 739-5644

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)

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.