

RECERTIFICATION

APPLICATION FOR CERTIFICATION AS A
PROFESSIONAL SERVICES FIRM
FOR ASBESTOS IN THE STATE OF DELAWARE

Authority: 16 Del. Code, Chapter 78 "Asbestos" Paragraph 7803
and 7805(9) and the Department of Administrative
Services Regulation Section 2-11 & 14.

___ 1. Name of Firm: _____

___ 2. Mailing Address: _____

(City) (State) (Zip)

Phone No.: _____

___ 3. Years/Months Experience: _____

(Years) _____ (Months) _____

___ 4. List any prior names: _____

SECTION 11

CERTIFICATION FOR PROFESSIONAL SERVICE FIRMS

Architectural/Engineering/Environmental Consulting Firms who
provide services such as specifications and design, project
administration and management, perform bulk and air sampling for
asbestos abatement projects and/or who provide technical
consulting services for asbestos abatement projects shall be
certified and regulated by this Regulation.

Qualifications for certification of asbestos professional
services.

___ 5. Federal Employer Identification No: _____

___ 6. State of Delaware Business License No: _____

___ 7. Submit Federal Standard Forms 254 and 255 for review by
the Department Review Panel.

___ 8. Does your firm operate its own laboratory facility?

_____ YES _____ NO

___ 9. If the firm does not have its own laboratory facility, indicate what laboratory or laboratories the firm utilizes and the qualifications of that laboratory.

___ 10. Supplemental Information:

Submit the following special qualifications and certificates of the firm and staff as supplemental information:

- a. NVLAP Accreditation
- b. AIHA Accreditation
- c. PAT - Round Robin Participation
- d. Project Design Person Accredited by EPA Approved Course.
- e. AHERA Inspector's Accreditation
- f. AHERA Management Planner Accreditation
- g. Number of Project Monitors Certified in Delaware
- h. NIOSH 582 Course

___ 11. Furnish a copy of the current professional liability insurance certificate.

___ 12. List other Environmental/Engineering Consulting services your firm performs other than asbestos:

Please List: _____

___ 13. Please furnish a description of compliance with OSHA requirements for personal monitoring and medical surveillance:

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 of ownership of the firm for each of the above.

___15. If the 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.

Has/is the company or any of the parties identified in the sections above:

YES NO
(X) (X)

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) 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? _____

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

APPLICATIONS MAY BE SUBMITTED ELECTRONICALLY TO:
ASBESTOS-APPLICATIONS@DELAWARE.GOV

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 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 (print or type)	Present Address of Applicant (print or type)
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(City)	(State)	(Zip Code)
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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.