



APPLICATION FOR INDOOR AIR QUALITY CONTRACTING SERVICES

READ ATTACHED INSTRUCTIONS PRIOR TO COMPLETING

Delaware Senate Bill 270 requires contractors providing indoor air quality services in schools to be certified by Delaware Division of Public Health.

Complete this form and attach supporting documents, as noted below. Incomplete forms will be mailed back. Email complete forms to HSPcontact@delaware.gov or mail forms to the address below.

**Delaware Division of Public Health
Environmental Hazards and Toxicology
417 Federal Street
Dover, DE 19901**

1. COMPANY OR INDIVIDUAL (if sole proprietorship)

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Tax ID – EIN or Social Security #: _____ Phone Number: _____

Most Responsible Individual: _____

ATTACH BUISNESS LICENSE AND PROOF OF BUISNESS INSURANCE

2. CONTRACTING AREA FOR WHICH CERTIFICATION IS BEING APPLIED

- Heating, ventilation, and air conditioning
- Electrical
- Plumbing
- General contracting
- Environmental services
- Remediation services

3. PROFESSIONAL CERTIFICATIONS OR LICENSES HELD:

Title: _____ ID# _____ Name of Holder: _____

Title: _____ ID# _____ Name of Holder: _____

Title: _____ ID# _____ Name of Holder: _____

*Additional space provided on page 4

4. TRAINING AND EXPERIENCE OF APPLICANT OR EMPLOYEE (Attach supporting documentation)

(a) Formal education background:

Academic Degree	Institution	Major	Years

(b) List of relevant employment history:

Organization	Position	Dates of employment

*Additional space provided on page 4

5. TERMINATION OF PREVIOUS STATE CONTRACT

Have you or your business had a previous state contract terminated?

Y N

Reason for termination:

- Incompletion of work
- Schedule
- Quality of work
- Other: _____

SIGNATURE: _____

TYPE OR PRINT NAME: _____

INSTRUCTIONS FOR APPLICATION

ITEM	INSTRUCTIONS AND DEFINITIONS
1. COMPANY AND/OR INDIVIDUAL	Enter complete company name, owner/manager, or individual name if sole proprietorship, mailing address, employee identification number (EIN) or social security number (SSN), and telephone number.
2. CONTRACTING AREA FOR WHICH CERTIFICATION IS BEING APPLIED	Check the appropriate contracting area.
3. CERTIFICATIONS OR LICENSES	Enter the title, identification number (ID) of relevant certification(s), name of owner and supporting documentation. : Attach business license and proof of business insurance.
4. TRAINING AND EXPERIENCE	Enter any formal education and relevant work experience in field applying to work.
5. TERMINATION OF PREVIOUS STATE CONTRACT	Check if you have had a previous state contract terminated and check the reason. If other fill out the reason in provided space

3. PROFESSIONAL CERTIFICATIONS OR LICENSES HELD:

Title: _____ ID# _____ Name of Holder: _____
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