



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Healthy Homes and Lead Poisoning Prevention

**Application for Renovation, Repair,
and Painting (RRP) Certification of Firms**

Name of Firm: _____

Company Address: _____

Street Address

City

State

ZIP

Mailing Address (if different from above): _____

Street Address

City

State

ZIP

Company E-mail Address: _____

Federal EI#: _____

Company Phone #: _____ Company Fax #: _____

Mobile/Beeper #: _____

The following information will be provided to the public on the Healthy Homes and Lead Poisoning Prevention Program Web page at www.LeadSafeDelaware.org:

RRP Trained/Certified Staff Member Name: _____

Company Contact Name: _____

Company Contact Phone #: _____

Company Contact email address: _____

Type of services performed by company: _____

Application Type:

Initial

Recertification

Does this firm have any past, present, or pending lead-based paint violations of EPA, State, US territory, or Indian tribal land(s) regulations? If yes, attach a written explanation.

Yes

No

