



**DELAWARE HEALTH AND SOCIAL SERVICES**

**Division of Public Health**

**Healthy Homes and Lead Poisoning Prevention**

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

Individual's Name: \_\_\_\_\_

Firm's Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP

Personal E-mail Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Mobile/Beeper #: ( ) \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP

Company E-mail Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Use this address on my certificate (check one):

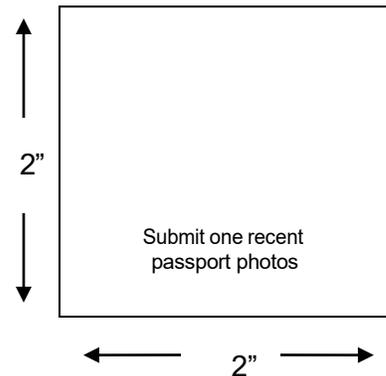
Company Address  Home Address

Mail my badge & certificate to (check one):

Company Address  Home Address

**Digital (Electronic) and Passport Photograph Guidance**

Submit a digital picture or passport photograph of you alone, recent enough to be a good likeness (normally within the last 6 months). Digital images and photographs must be: 2 X 2 inches in size with an image of your head and shoulders taking up the majority of the area, clear, front view, taken in normal street clothing with no hat or dark glasses in front of a white or off-white background. Re-touched and profile images or photographs are not acceptable. Call 302-744-4546, for additional information about sending a digital picture.



**A. Reciprocity (Initial Certification applicants only)**

Do you hold a current renovation, repair and painting certification issued by an EPA-authorized state, U.S. Territory, or Indian Tribe?  Yes  No

If you answered **Yes**, complete all Sections (A, B and C). Also, attach a copy of your valid certificate and license. If you answered **No**, skip the rest Section A. Complete Sections B and C.

Renovator #: \_\_\_\_\_ State/Tribe: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dust Wipe Technician #: \_\_\_\_\_ State/Tribe: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**B. Training (Initial and Re-certification applicants)**

Answer the following items about the Renovation, Repair and Painting training course you completed for each discipline for which you are seeking certification or re-certification. Attach additional sheets of paper as necessary. **Attach a copy of each training certificate.**

Discipline: \_\_\_\_\_

Name of Training Program: \_\_\_\_\_  
 Name of organization that taught course

Training Program Address: \_\_\_\_\_  
 Street Address, Suite Number City State Zip Code

Training Program Phone #: \_\_\_\_\_ Ext #: \_\_\_\_\_

Date Training Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If training was conducted in a language other than English, please specify language: \_\_\_\_\_

Training Certificate Identification Number: \_\_\_\_\_

Please check the type of test you took:  Course test(s) and/or hands-on assessment  
 OR  Proficiency Test

**C. Check the type of certification(s) for which you are applying:**

<u>Five-Year Individual Certification</u>	
<input type="checkbox"/> Renovator .....\$100.00	<input type="checkbox"/> Dust Wipe Technician.....\$100.00

Payment in full must be sent with this Application. Make check or money order payable to "State of Delaware". **Application fees are non-refundable. Individuals must re-certify every five years.**

**D. Application Type:**

Initial

Recertification

**Certification Statement**

I hereby attest and affirm the following:

- The information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge.
- I will maintain my certification(s) according to 16 **DE Admin. Code** 4459B §8.0.
- I will follow the information distribution requirements, work practice standards, and recordkeeping and reporting requirements set forth in 16 **DE Admin. Code** 4459B §3.0, §4.0 and §5.0 for conducting Renovation, Repair and Painting activities.
- I will permit the Department of Health and Social Services staff access to business premises and facilities, including work sites, to conduct inspections and take samples, in accordance with 16 **DE Admin. Code** 4459B §12.0.
- I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the certification.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**This Application is in compliance with and subject to the provisions of the State of Delaware Regulations Governing Residential Property Renovation, Repair and Painting, adopted January 1, 2014, by the Secretary of Delaware Health & Social Services, under the authority of 16 DE Code, Chapter 1, §122(3)t(1); Date of Effect January 11, 2014.**

**For assistance in completing this application, call (302) 744-4546.**

**Mail your application to:  
Healthy Homes and Lead Poisoning Prevention Program  
Jesse Cooper Building  
417 Federal Street  
Dover, DE 19901**

<b>OFFICE USE ONLY</b>	<b>Certificate #</b>	<b>Issue Date</b>	<b>Effective Date</b>	<b>Expiration Date</b>
	<b>Authorized Signature / Date</b>		<b>Supervisor Initial</b>	<b>Total Fee(s)</b>