APPLICATION FOR CERTIFICATE OF REGISTRATION

19 Del.C. Chapter 36

All applications must be accompanied by a check or money order made payable to:

“Delaware Department of Labor, Contractor Registration”

Mail to: Department of Labor, Office of Contractor Registration, 252 Chapman Rd, suite 210, Newark, DE 19702

WE DO NOT ACCEPT CASH

New Application/ 1-year Renewal: Two-Year Renewal \*\*

□ $200.00 Private\* □ $300.00 Private\*

□ $300.00 Public\* □ $500.00 Public\*

□ $500.00 Both\* □ $800.00 Both\*

\*All Fees are Non-Refundable

\*\* Only available to businesses that have completed two consecutive years with no recorded labor law violations. If you are unsure please contact the Office Construction Enforcement.

List your FEIN, SSN or ITIN Number:

Enter Valid Delaware Business License number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade Name/ DBA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodian of Records Address:

(Custodian of Records is**the person(s) responsible keeping records in the ordinary course of business and accepts legal documents**)

Address Line 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If principal business address is NOT with State of Delaware:

Registered Delaware Agent (Name)

Address Line 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Line 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your business a publicly traded entity?

 Yes 🞏 No 🞏

Enter the names of ALL corporate officers: (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select the type of business that you are registering:

🞏 Sole Proprietorship or Individual

🞏 Partnership (including General, Limited, or Limited Liability Partnership)

🞏 Corporation, including Professional Association

🞏 Sub-Chapter S Corporation, including QSSS

🞏 Non-profit entity or Governmental Agency

🞏 Fiduciary, including Estate or Trust

🞏 Limited Liability Company

🞏 Other Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your business have employees?

Yes 🞏 No 🞏

How many employees does your business employ?

🞏 1-10

🞏 11-19

🞏 20 or more

Enter your Delaware State Unemployment Insurance Account Number (SUI):

Do you have Workers Compensation Coverage in the State of Delaware?

Yes 🞏 No 🞏

If yes, what is the date of expiration of the Workers Compensation Coverage?

Date:

Policy Number:

A copy of your policy must be submitted with this application or submitted via email at:

Will you have one or more employees primarily engaged in this business in the State of Delaware for more than five consecutive work days at a single time, or working for a business of any sort in which one or more employees are primarily engaged in the business of the employer for more than an aggregate of three weeks in any six month period? A week shall consist of 5 consecutive workdays.

Yes 🞏 No 🞏

If there is a change in policies at any time during the registration term, the new policy must be provided to the Office of Contractor Registration immediately. For guidance, please call 302-430-7702 or email at:

Within the last 6 years, has the entity or any person holding a financial interest in the entity ever received notifications from the Department of Labor that it has incurred any violations of the following Delaware Department of Labor Laws?

* Prevailing Wage Law
* Workplace Fraud Act
* Wage Payment and Collection Act
* Minimum Wage Law
* Workers Compensation Law
* Unemployment Law
* Child Labor Law
* Discrimination Act
* Contractor Registration Act

Yes 🞏 No 🞏

If yes, please list the outcome and date of each offense in the space below. Add additional paper if needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the business currently under investigation or involved in litigation due to the violation of any Delaware labor laws?

Yes 🞏 No 🞏

\*\* TIP You can learn about Delaware Labor Laws at the Office of Labor Law Enforcement website. <https://labor.delaware.gov/divisions/industrial-affairs/labor-law/>

Has the contractor or any person(s) holding a financial interest in the contractor’s business been convicted of home improvement fraud under Delaware law Title 11§ 916 or new home construction fraud under Delaware law Title 11§917?

 Yes 🞏 No 🞏

Has the contractor or any person(s) holding a financial interest in the contractor’s business been found to have engaged in an unlawful practice under §2513 of Title 6?

 Yes 🞏 No 🞏

Do you have an Occupational Safety and Health Administration (OSHA) Company Safety Plan?

 Yes 🞏 No 🞏

An Occupational Safety and Health Administration (OSHA) Safety Plan is required by the Delaware Department of Labor. Please contact the OSHA office for assistance with creating the required Safety Plan at Number (302) 761-8219

This information will determine under what title your business will be searchable by the public in addition to the business name on the public website.

If you need help determining your entity's code, please visit the NAICS website.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAIC** | **TITLE** | **NAIC** | **TITLE** |
| o 213111 | Drilling Oil & Gas Wells | o 213112 | Support Activities for Oil & Gas Operations |
| o 236220 | Commercial &Institutional Building Construction | o 237110 | Water & Sewer Line & Related Structures Construction |
| o 237120 | Oil & gas Pipeline & Related Structures Construction | o 237310 | Highway, Street, & Bridge Construction |
| o 237990 | Other Heavy & Civil Engineering Construction | o 238110 | Poured Concrete Foundation & Structure Contractors |
| o 238130 | Framing Contractors | o 238140 | Masonry Contractors |
| o 238160 | Roofing Contractors | o 238190 | Other Foundation, Structure, & Building Exterior Contractors |
| o 238210 | Electrical Contractors &Other Wiring Installation Contractors | o 238220 | Plumbing, heating, & air-conditioning Contractors |
| o 238290 | Other Building Equipment Contractors | o 238310 | Drywall & Insulations Contractors |
| o 238320 | Painting & Wall Covering Contractors | o 238330 | Flooring Contractors |
| o 238350 | Finish Carpentry Contractors | o 238910 | Site Preparation Contractors |
| o 238990 | All Other Specialty Trade Contractors | o 484110 | General Freight Trucking, local |
| o 541320 | Landscape Architectural Services | o 561990 | All Other Support Services |
| o 562211 | Hazardous Waste Treatment & Disposal | o 562910 | Remediation Services |
| o OTHER | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

By signing this document, I hereby swear or affirm that the information contained in this document is true to the best of my knowledge and recollection.  I understand that any false statement or omission which this document contains may subject me to criminal or civil penalties, including liability under the Delaware False Claims and Reporting Act; it may also result in the denial, suspension or revocation of my organization’s request for registration.  Should this document contain any false statement or omission of which I subsequently become aware, I swear or affirm that I will immediately notify the Delaware Department of Labor of this false statement or omission.

By signing this document, I authorize the Department of Labor to contact other state

agencies to confirm that the information this application contains is true and accurate.  I am aware that the Department of Labor may take action based upon information supplied to it by other state agencies contradicting the statements this document contains; and that this may result in adverse action against me, including (but not limited to) criminal or civil penalties, liability under the Delaware False Claims and Reporting Act, and denial, suspension or revocation of my organization’s request for registration

I also understand by submitting this application that I will not receive any notifications or reminders from the Department of Labor or any other third-party vendors it is solely my responsibly to stay compliant with the contractor registry act.

I have read and agree to the Terms and Conditions above:

Yes🞏 No🞏

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner / Officer Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_