

DEPARTMENT OF LABOR DIVISION OF INDUSTRIAL AFFAIRS Office of Construction Enforcement Industry 252 Chapman Road

STE 210 Newark, DE 19702 Telephone (302)761-8200

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

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:	1 ' 41 1' 61 '			
(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				

New Application/ 1-year Renewal:



STATE OF DELAWARE DEPARTMENT OF LABOR DIVISION OF INDUSTRIAL AFFAIRS Office of Construction Enforcement Industry 252 Chapman Road STE 210 Newark, DE 19702

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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 \square No \square
Enter the names of <u>ALL</u> corporate officers: (Please Print)
Effect the names of <u>AEEE</u> corporate officers. (Ficuse 17mt)
Select the type of business that you are registering:
☐ Sole Proprietorship or Individual
1 -
☐ Partnership (including General, Limited, or Limited Liability Partnership)
☐ Corporation, including Professional Association
☐ Corporation, including Professional Association ☐ Sub-Chapter S Corporation, including QSSS
☐ Corporation, including Professional Association ☐ Sub-Chapter S Corporation, including QSSS ☐ Non-profit entity or Governmental Agency
☐ Corporation, including Professional Association ☐ Sub-Chapter S Corporation, including QSSS ☐ Non-profit entity or Governmental Agency ☐ Fiduciary, including Estate or Trust
☐ Corporation, including Professional Association ☐ Sub-Chapter S Corporation, including QSSS ☐ Non-profit entity or Governmental Agency
☐ Corporation, including Professional Association ☐ Sub-Chapter S Corporation, including QSSS ☐ Non-profit entity or Governmental Agency ☐ Fiduciary, including Estate or Trust
□ Corporation, including Professional Association □ Sub-Chapter S Corporation, including QSSS □ Non-profit entity or Governmental Agency □ Fiduciary, including Estate or Trust □ Limited Liability Company
□ 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:
□ Corporation, including Professional Association □ Sub-Chapter S Corporation, including QSSS □ Non-profit entity or Governmental Agency □ Fiduciary, including Estate or Trust □ Limited Liability Company
□ 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?
□ 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 □
□ 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?
□ 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
□ 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
□ 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
□ 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
□ 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



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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



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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			



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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.



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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	