



STATE OF DELAWARE  
 DEPARTMENT OF LABOR  
 DIVISION OF INDUSTRIAL AFFAIRS  
 Office of Construction Enforcement Industry  
 655 South Bay Road  
 Suite 2H  
 Dover, DE 19901  
 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, 655 S. Bay Road, suite 2H, Dover, DE 19901

WE DO NOT ACCEPT CASH

New Application/ 1-year Renewal:

- \$200.00 Private\*** (for residential/commercial work)
- \$300.00 Public\*** (for DE Prevailing Wage projects)
- \$500.00 Both\***

\*All Fees are Non-Refundable

**Company Name:** \_\_\_\_\_

**Trade Name/DBA:** \_\_\_\_\_

**Primary Street Address:** \_\_\_\_\_

**Town/City, State, Zip:** \_\_\_\_\_

Uses a different mailing address

**Mailing Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Delaware Business License #:** \_\_\_\_\_

**FEIN/ITIN/SSN:** \_\_\_\_\_



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**If principal business address is NOT located in the State of Delaware, you must provide a Delaware registered agent for service within Delaware.** P.O. Boxes and out-of-state location are not permitted.

Name: \_\_\_\_\_  
 Address line 1: \_\_\_\_\_  
 Address line 2: \_\_\_\_\_  
 City/Town, State, Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

<p><b>Select the type of business that you are registering:</b></p> <p><input type="checkbox"/> Sole Proprietorship or Individual</p> <p><input type="checkbox"/> Partnership (including General, Limited, or Limited Liability Partnership)</p> <p><input type="checkbox"/> Corporation, including Professional Association</p> <p><input type="checkbox"/> Sub-Chapter S Corporation, including QSSS</p> <p><input type="checkbox"/> Non-profit entity or Governmental Agency</p> <p><input type="checkbox"/> Fiduciary, including Estate or Trust</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Other Please specify:</p>
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**Is this business a publicly traded entity?**    YES                       NO

**Enter names and titles of Corporate Officers (if applicable)**




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**Does this business have employees (not including owners of the company)?**

YES  NO

**How many employees (not including owners of the company) does the business employ?**

1-10  
 11-19  
 20 or more

**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

**Delaware State Unemployment Insurance Account Number:** \_\_\_\_\_

**Do you have Workers Compensation coverage in the State of Delaware?**

YES  NO

**Workers Compensation Policy #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

If any changes are made to the Workers Compensation policy, the new policy must be provided to the Office of Contractor Registration immediately.

A copy of the Workers Compensation policy must be submitted with this application or submitted via email at [Contractor.Registry@delaware.gov](mailto:Contractor.Registry@delaware.gov).

Check this box if the policy has been emailed rather than included.



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**Within the last 2 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? (Please check all that apply)**

YES       NO

- |  |  |
|--|--|
| <input type="checkbox"/> Prevailing Wage Law<br><input type="checkbox"/> Workplace Fraud Act<br><input type="checkbox"/> Wage Payment and Collection Act<br><input type="checkbox"/> Minimum Wage Law<br><input type="checkbox"/> Workers Compensation Law | <input type="checkbox"/> Unemployment Law<br><input type="checkbox"/> Child Labor Law<br><input type="checkbox"/> Discrimination Act<br><input type="checkbox"/> Contractor Registration Act |
|--|--|

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

**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



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

YES       NO

If you have one or more employees, 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.

The NAICS codes selected below and your business name will determine what title your business will be searchable by the public on the public registry portal. If you need help determining your entity's code, please visit the NAICS website ( <https://www.census.gov/naics/> ).

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



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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 have read and agree to the Terms and Conditions above:

Yes       No

\_\_\_\_\_  
Owner / Officer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

<p><b>For Internal DOL Use Only</b></p> <p>Check No.: _____</p> <p>Amount: _____</p> <p>Reviewer: _____</p> <p>Date check sent to Fiscal: _____</p>
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