

**Application for
Deconstruction Consultant
Interim Certification**



Return with attachments to:

Department of Neighborhood Services, 841 N Broadway, Room 105, Milwaukee, WI 53202

Applicant Name: _____

Company Name: _____

Address: _____ **Email:** _____

Office Phone: _____ **Mobile Phone:** _____

City of Milwaukee Home Improvement Contractor License #

Formal deconstruction training received (please include times/places instructors):

Informal deconstruction training received (please include times/places instructors):

Has applicant participated in previous City of Milwaukee deconstruction projects?

Deconstruction projects where applicant acted as a supervisor and/or trainer:

Deconstruction projects where applicant has acted as prime contractor:

What experience do you have in the sales and/or marketing of materials from deconstruction projects?

List any certifications, accreditation or professional affiliations relevant to deconstruction:

Give examples of employment opportunities you have helped to create through deconstruction projects:

Please provide a resume including photos of deconstruction projects, salvage projects and construction projects demonstrating significant efforts in waste reduction and/or green building techniques.

Provide a copy of a written deconstruction plan illustrating reuse, repurpose and recycling of materials, worker safety, identification and mitigation of hazardous materials, scheduling and efficiencies and project budgeting.

Please provide a few professional references:

Signature

Printed Name

Date