



Bureau of Community Environmental Health
Radon & Indoor Air Quality

APPLICATION FOR CERTIFICATION AS A RADON BUSINESS

Form with two columns: APPLICANT (Name, Contact, Business Name, Address, City/State/Zip, Phone/FAX, Email) and APPLICATION FOR (Radon Measurement Business, Radon Mitigation Business, Fee information).

I. RADON MEASUREMENT BUSINESS

Proficient or Certified Analytical Service Provider(s) To Be Used

Table with 4 columns: Name of Analytical Service Provider, NEHA-NRPP or NRSB ID Number, Street Address, City, State, Zip. Three rows for providers.

II. MEASUREMENT ATTACHMENTS

- Identify all radon and radon progeny measurement methods and services offered...
Attach a copy of the certificates of all radon measurement specialists and technicians...
Attach a description of the quality assurance and quality control plans...
Attach a sample copy of all reporting forms...
Attach a copy of all current publications and advertisements...
Attach a description of the health and safety program...

