

RI Department of Health

Application and Instructions for:



Radon Analytical Services

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your license/permit will not be issued. Please use a ball point pen. Information can be obtained on our website at <http://www.health.ri.gov/environment/occupational/radon/index.php>
- If you are submitting this application by mail you must include the following:
 1. Completed, signed application
 2. \$300.00 (three-hundred-dollar) license fee for the primary service provided and an additional \$100.00 (one-hundred-dollar) license fee for each additional service provided. Payment should be in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
 3. Attachments as specified below

Mail to: Rhode Island Department of Health
Healthy Environment Team – Radon Program
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

PLEASE NOTE: OUR OFFICE IS NOW OPEN TO THE PUBLIC MONDAY, TUESDAY, THURSDAY AND FRIDAY FROM **10:00 am TO 12:00 pm** AND **1:00 pm TO 3:00 pm**. **THERE WILL BE NO LICENSING ON WEDNESDAYS.**

DOORS WILL BE CLOSED AT ALL OTHER TIMES. PLEASE COME TO ROOM 206 FOR LICENSES ONLY DURING THESE HOURS.

PLEASE DO NOT LEAVE ANY DOCUMENTS WITH OTHER OFFICES.

If you have any questions concerning this application, call the Department of Health, **Radon Program** at (401) 222-7750.

Required Attachments:	Description of the quality assurance and quality control plans for each service and technique provided.
	Attach a list of all personnel performing analysis and/or readings
	Copy of all sample reporting forms used to inform clients of measurement results, including any guidance concerning the need for further measurements and/or mitigation
	Attach evidence of licensure (if needed) as an analytical laboratory by the Rhode Island Department of Health.

State of Rhode Island and Providence Plantations Department of Health

Name of Business: This is the legal entity in whose name the license should be issued and who is legally responsible.	Name: _____
Contact Person: List the name of whom we may contact regarding this license.	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Prefix (Mr/Mrs/Dr.) First Name Last Name Suffix (Jr/III) </div>
Mailing Information: Please provide the mailing information for all communication regarding this license.	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, ZipCode _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____
Radon Measurement Services Requested: Please check ALL measurement techniques and services offered.	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Charcoal Absorption</div> <div style="width: 50%;"><input type="checkbox"/> Alpha Track</div> <div style="width: 50%;"><input type="checkbox"/> Continuous Radon Monitor</div> <div style="width: 50%;"><input type="checkbox"/> Continuous Working Level Monitor</div> <div style="width: 50%;"><input type="checkbox"/> Electret Ion Chamber</div> <div style="width: 50%;"><input type="checkbox"/> Liquid Scintillation</div> <div style="width: 50%;"><input type="checkbox"/> Water</div> </div> <p>**Fee(s) \$300.00 for first service and \$100.00 for each additional service - Total Fee \$ _____</p>
Certification/Authorization in other Jursisdictions	Indicate all other federal, state or local jurisdictions in which the applicant currently holds a radon analytical service certification or other authorization to perform radon analysis or readings. Attach copies of all such licenses and/or authorizations. _____ _____ <div style="text-align: right;"><input type="checkbox"/> check if Not Applicable</div>
Ownership Type: Please check ONE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Corporation</div> <div style="width: 50%;"><input type="checkbox"/> Limited Liability Company</div> <div style="width: 50%;"><input type="checkbox"/> Governmental Entity</div> <div style="width: 50%;"><input type="checkbox"/> Sole Proprietorship</div> <div style="width: 50%;"><input type="checkbox"/> Partnership</div> <div style="width: 50%;"><input type="checkbox"/> Limited Partnership</div> <div style="width: 50%;"><input type="checkbox"/> Partner</div> </div>
Ownership Information: Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: _____ DBA: _____

