

RI Department of Health

Application and Instructions for:



Radon Measurement Business

**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. \$200.00 (two-hundred-dollar) license fee 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.
	Copy of the certificates of all radon measurement consultants employed or used as consultants
	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
	Description of the health and safety program to estimate employee's exposure to radon during employment

State of Rhode Island and Providence Plantations Department of Health

<p>Name of Business:</p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>								
<p>Contact Person:</p> <p>List the name of whom we may contact regarding this license.</p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Prefix (Mr/Mrs/Dr.)</td> <td style="text-align: center; width: 30%;">First Name</td> <td style="text-align: center; width: 30%;">Last Name</td> <td style="text-align: center; width: 15%;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)				
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<p>Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Radon Measurement Services Requested:</p> <p>Please check ALL measurement techniques and services offered.</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Charcoal Adsorption</td> <td><input type="checkbox"/> Alpha Track</td> </tr> <tr> <td><input type="checkbox"/> Continuous Radon Monitor</td> <td><input type="checkbox"/> Continuous Working Level Monitor</td> </tr> <tr> <td><input type="checkbox"/> Electret Ion Chamber</td> <td><input type="checkbox"/> Liquid Scintillation</td> </tr> <tr> <td><input type="checkbox"/> Water</td> <td></td> </tr> </table>	<input type="checkbox"/> Charcoal Adsorption	<input type="checkbox"/> Alpha Track	<input type="checkbox"/> Continuous Radon Monitor	<input type="checkbox"/> Continuous Working Level Monitor	<input type="checkbox"/> Electret Ion Chamber	<input type="checkbox"/> Liquid Scintillation	<input type="checkbox"/> Water	
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<p>Ownership Information:</p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>								

