

RI Department of Health

Application and Instructions for:



Radon Mitigation Contractor

**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 listed 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:	(A) Attach a description of all mitigation materials and systems offered, diagnostic tests performed, and other related services (B) Attach a description of procedures and instruments used to perform diagnostic tests (C) Attach a copy of the licenses of all radon mitigation specialists and workers employed (contractor must have at least one mitigation specialist on staff). (D) Attach a description of the health and safety program to estimate employee's exposure to radon during employment.
Financial Qualifications/Bonding	Describe the bonding or other financial assurance arrangements used by the applicant to ensure performance with the requirements of any radon mitigation project that they will undertake.

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="width: 25%; text-align: center;">Prefix (Mr/Mrs/Dr.)</td> <td style="width: 30%; text-align: center;">First Name</td> <td style="width: 30%; text-align: center;">Last Name</td> <td style="width: 15%; text-align: center;">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>License/Authorization in other Jurisdictions</p>	<p>Indicate all other federal, state or local jurisdictions in which the applicant currently holds a radon measurement business certification or other authorization to perform radon measurements. Attach copies of all such licenses and/or authorizations.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="checkbox"/> check if Not Applicable</p>								
<p>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
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<input type="checkbox"/> Partner									
<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>								

