

RI Department of Health

Application and Instructions for:



Radon Mitigation Worker

**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. \$30.00 (thirty-dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
 3. Electronic full-face color digital photograph
 4. 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.

Documentation of Required Training	(A) Attach a copy of certificate(s) indicating successful completion of all training required by the Rules and Regulations for Radon Control.
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State of Rhode Island and Providence Plantations Department of Health

Name:

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name: _____
Prefix (Mr/Mrs/Dr.) First Name Last Name Suffix (Jr/III)

Date/Place of Birth:

Date of Birth: - -
Month Day Year

Place of Birth: _____

Gender:

Male Female

Residence Information:

It is your responsibility to keep the Department apprised of all address and phone number changes.

(Not published on the HEALTH web site).

Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

Business/Employment Information:

Please provide the information of the licensed radon mitigation contractor(s) which you will be performing radon mitigation services.

Note: If you are providing services for more than one licensed mitigation contractor, attach this information on a separate sheet.

Company Name _____
 Address Line 1 _____
 Address Line 2 _____
 Address Line 3 _____
 Address City, State, ZipCode _____
 Address Country _____
 Phone: _____
 Fax: _____
 Email Address: _____

SSN:

(Social Security Number)

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

SSN: - -

<p>Licensure/Authorization in other Jursisdictions</p>	<p>Indicate all other federal, state or local jurisdictions in which the applicant currently holds a radon mitigation worker license or other authorization to perform radon mitigation. Attach copies of all such license and/or authorizations.</p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><input type="checkbox"/> heck if Not Applicable</p>
<p>Enforcement Actions in Other Jurisdictions:</p> <p>If Yes, please provide details.</p>	<p>1. Are there any outstanding or past enforcement actions by a federal, state or local jurisdictions in conduction with a radon project performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____</p> <p>Signature</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date of Signature (MM/DD/YY)</p>