RI Department of Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
www.health.ri.gov

RI Department of Health

Application and Instructions for:

Radon Training Courses

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

1. Completed, signed application
2. $300.00 (three-hundred-dollar) license fee for the first training course provided and an additional $100.00 (one-hundred-dollar) license fee for each additional course 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.

Radon Training Course(s) Submitted (check ALL applicable items): **** Fees: $300.00 for first course and $100.00 for each additional course provided.**	**CHECK ALL THAT APPLY** ☐ 32 Hour Initial Radon Mitigation Specialist ☐ 16 Hour Initial Radon Measurement Consultant **Attach documentation to demonstrate compliance with the appropriate sections of the Rhode Island Rules and Regulations for Radon Control. Each attachment must clearly identify the specific paragraph(s) being addressed.**

State of Rhode Island and Providence Plantations
Department of Health

Facility Name: Please provide the name of the facility (as known to the public) for which this certificate is being requested.	Name: ______________________
Facility Contact: Please provide the facility. Phone, Fax and Email Information	Contact Name: ______________________ Phone Number: ______________________ Fax Number: ______________________ Email Address: ______________________
Facility Mailing Information: Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information (**Not published on HEALTH website**).	Address Line 1 ______________________ Address Line 2 ______________________ Address Line 3 ______________________ Address City, State, ZipCode ______________________ Address Country ______________________ Phone: ______________________ Fax: ______________________ Email Address: ______________________
Facility Location Information Please provide the location information for this facility (**Published on HEALTH website**).	Address Line 1 ______________________ Address Line 2 ______________________ Address Line 3 ______________________ Address City, State, ZipCode ______________________ Address Country ______________________ Phone: ______________________ Fax: ______________________ Email Address: ______________________
Ownership Type: Please check ONE	☐ Corporation ☐ Limited Liability Company ☐ Governmental Entity ☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Partner
Ownership Information: Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: ______________________ DBA: ______________________

Licensure/Authorization in other Jurisdictions	Indicate all other federal, state or local jurisdictions in which the applicant currently has certification or other authorization to conduct each of the radon training courses identified. **Attach copies of all such licenses and/or authorizations.** ☐ **Check if Not Applicable**
Enforcement Actions in Other Jurisdictions: **If yes, please provide details. Attach a separate sheet if needed.**	1. Are there any outstanding or past enforcement actions by a federal, state or local jurisdictions in conjunction with a radon training course provided by the applicant and/or any principal in the applicant's organization? ☐ Yes ☐ No
SSN/FEIN: **(Social Security Number/Federal Employer Identification 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.**
Affidavit of Applicant Read, sign, and date this affidavit.	**This Application Must be Signed by the Applicant** **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.** 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. **Signature** **Date of Signature (MM/DD/YY)**