

## Bureau of Environmental Health Radon Program

## APPLICATION FOR CERTIFICATION AS A RADON BUSINESS

APPLICANT:		APPLICATION FOR: (Check only one. Submit separate applications if			
Name (Principal Officer or Owner)		both services will be offer			
Radon Contact Person If Different From Above  Business Name  Street Address  City State	Zip	Enclose a nonrefunda	s I, II & V only)  n Business s III, IV, & V only)  able \$ 450.00 fee er payable to: "Florida		
Phone Number FAX Nu	ımber	date the form.	/Radon") and sign and		
Email	_				
	ADON MEASUREM  Certified Analytical Ser	vice Provider(s) To Be Us	ed		
Name of Analytical Service Provider		NEHA-NRI	NEHA-NRPP or NRSB ID Number		
Street Address	City	State	Zip		
ne of Analytical Service Provider		NEHA or N	NEHA or NRSB ID Number		
Street Address	City	State	Zip		
Name of Analytical Service Provider		NEHA or N	IRSB ID Number		

City

Street Address

Zip

State

## **II. MEASUREMENT BUSINESS ATTACHMENTS**

	employed
Attach a copy of the certificates of all radon measurement specialists and technicians or used as consultants. (Refer to 64E-5.1206(3), F.A.C.)	
Attach a description of the quality assurance and quality control plans for each measuremethod provided. (Refer to 64E-5.1206(5), F.A.C.)	rement
Attach a sample copy of all reporting forms used to inform clients of measurement resincluding any guidance about the need for further measurements or mitigation. (Refer 5.1206(6), F.A.C.)	
Attach a copy of all current publications and advertisements of radon related services during the last 60 days. (Refer to 64E-5.1206(7), F.A.C.)	made
Attach a description of the health and safety program to estimate and minimize emplo exposure to radon during employment. Include a copy of the exposure form used to re exposure. (Refer to 64E-5.1206(8), F.A.C.)	

Department of Health Bureau of Environmental Health, Radon Program 4052 Bald Cypress Way, Bin #A08 Tallahassee, FL 32399-1720 (800) 543-8279; (850) 245-4288

## III. RADON MITIGATION BUSINESS

Certified Radon Measurement Business(es) to be Used for Pre- and Post-Mitigation Measurements

Name of Measurement Business 1			Name of Measurement Business II					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Certifica	ate Number for Measurement Business 1		Certificate Number	er for Measurement Bus	iness 2			
	<u>IV. MITIG</u>	ATION BL	JSINESS ATT <i>I</i>	ACHMENTS				
	_ Identify all mitigation materials a and other related services. (Refe					performed,		
	Attach a copy of the certificates of all radon mitigation specialists and technicians employed or used as consultants. (Refer to 64E-5.1207(3), F.A.C.)							
	Attach a sample copy of each reporting form and mitigation system operating instructions given to clients. (Refer to 64E-5.1207(6), F.A.C.)							
	Attach a copy of all current publications and advertisements made during the last 60 days. (Refer to 64E-5.1207(7), F.A.C.)							
	Attach a description of the health radon during employment. Include F.A.C.)							
		V. CEF	RTIFICATION					
Admi	ify that this application has beer nistrative Code, and that all info o, is true and correct.			•				
_	Signature of Applicant		Date					
attac	ional application information ma hments may be submitted with t ey order payable to: "Florida De	he nonrefud	nable application	and certification	n fee (by ch	neck or		

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> (800) 543-8279; (850) 245-4288 http://radon.floridahealth.gov

your application and attachments to radon.applications@flhealth.gov.