



Bureau of Environmental Health Radon Program

APPLICATION FOR CERTIFICATION AS RADON SPECIALIST OR TECHNICIAN

| | |
|---|--|
| APPLICANT: Name _____ Street Address _____ City _____ State _____ Zip _____ _____ Email _____ County if in Florida _____ H-() _____ W-() _____ Phone Number _____ | APPLICATION FOR: (Check only one) <input type="checkbox"/> Measurement Specialist (\$375.00) <input type="checkbox"/> Measurement Technician (\$300.00) <input type="checkbox"/> Mitigation Specialist (\$375.00) <input type="checkbox"/> Mitigation Technician (\$300.00) |
|---|--|

WORK HISTORY - To be completed by all applicants. Applicants for measurement specialist must include a description of their radiological or radon experience. Applicants for mitigation must include a description of their construction or radon mitigation experience. List most recent employer first (provide attachments if needed).

| |
|--|
| NAME OF EMPLOYER: _____ ADDRESS: _____ YOUR JOB TITLE: _____ FROM _____ TO _____ MM/DD/YR MM/DD/YR JOB DESCRIPTION: _____ _____ _____ |
|--|

| |
|--|
| NAME OF EMPLOYER: _____ ADDRESS: _____ YOUR JOB TITLE: _____ FROM _____ TO _____ MM/DD/YR MM/DD/YR JOB DESCRIPTION: _____ _____ _____ |
|--|

| |
|--|
| NAME OF EMPLOYER: _____ ADDRESS: _____ YOUR JOB TITLE: _____ FROM _____ TO _____ MM/DD/YR MM/DD/YR JOB DESCRIPTION: _____ _____ _____ |
|--|

EDUCATION AND TRAINING

If relevant civilian or military education is being used to meet the requirements for specialist, attach the following, if applicable:

1. A copy of the completed degree(s)
2. Transcripts from each institution attended
3. A copy of the certificate(s) of completion along with a description of the training.

| COLLEGE OR UNIVERSITY | | DATES OF ATTENDANCE (month/year) | | PRIMARY COURSE OF STUDY | SECONDARY COURSE OF STUDY | DEGREE |
|-----------------------|---------|-------------------------------------|----|-------------------------|---------------------------|--------|
| NAME | ADDRESS | FROM | TO | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| TRAINING COURSES CONFERENCES & SEMINARS NAME | DATES OF ATTENDANCE (month/year) | | SUBJECT | TOTAL HOURS |
|--|-------------------------------------|----|---------|-------------|
| | FROM | TO | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ATTACH ADDITIONAL SHEETS IF NEEDED

Certification:

I certify that this application has been prepared in accordance with Chapter 64E-5, Part XII, Florida Administrative Code, and that all information contained herein, including any supplements attached hereto, is true and correct.

Signature of Applicant

Date

Additional application information may be obtained from the Bureau at (800) 543-8279. Application and attachments may be submitted with the nonrefundable application and certification fee (by check or money order payable to: "**Florida Department of Health/Radon**") to the address below. You may email your application and attachments to radon.applications@flhealth.gov.

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
<http://radon.floridahealth.gov>