



Bureau of Environmental Health
Radon Program
**APPLICATION TO BECOME A
RADON CERTIFICATION COURSE PROVIDER**

Business/Organization Providing Course

Contact Person

Address

City State Zip

(_____)_____
Work Phone Number

Type of Training to be Provided
(Check one only - submit a separate application for each type of training.)

Radon Measurement Training

Radon Mitigation Training

PROPOSED COURSE INSTRUCTORS

NAME	ADDRESS	PHONE

Attachments:

- _____ Applicants must provide a copy of the proposed course agenda and all written and graphic training materials.
- _____ Attach a description of all equipment and instrumentation that will be used in the course.
- _____ Include a copy of all slides and other audio-visual material that will be used in the course and training manual.

Certification:

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

Signature of Applicant

Date

Send application and attachments to:

Department of Health
Bureau of Environmental Health
Radon Program
4052 Bald Cypress Way, Bin #A12
Tallahassee, FL 32399-1720

FOR AGENCY USE ONLY:

Approved: Yes _____ No _____ Date: _____ Reviewer: _____