



Bureau of Environmental Health  
Radon Program  
**RADON CERTIFICATION TRAINING ROSTER**

Business or Organization Providing Course

Address

City State Zip

( )  
Phone

Course Title Course Date(s)

Location of Training (City, State, Zip)

Principal Instructor

Fee Charged

**COURSE ATTENDEES**

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME & INITIAL	PHONE

(SEE BACK FOR CONTINUATION AND SIGNATURE)  
**PLEASE PRINT OR TYPE NAMES**

LAST NAME	FIRST NAME & INITIAL	PHONE

USE SUPPLEMENTAL PAGE FOR ADDITIONAL ENTRIES

Certification:

I certify that this 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 Principal Instructor

\_\_\_\_\_  
Date

Send Roster To:

Department of Health  
Bureau of Environmental Health / Radon Program  
4052 Bald Cypress Way, Bin #A08  
Tallahassee, FL 32399-1720  
Phone (850) 245-4288  
FAX (850) 414-9069

You may email this document to [RadonReports@FLhealth.gov](mailto:RadonReports@FLhealth.gov)