

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 Owr	ner)	both services will be offered.)
Radon Contact Person If Differ	ent From Above	 Radon Measurement Business (Complete parts I, II & V only)
Business Name		Radon Mitigation Business (Complete Parts III, IV, & V only)
City	State Zip	Enclose a nonrefundable \$ 450.00 fee (check or money order payable to : "Florida
() Phone Number	() FAX Number	Department of Health/Radon") and sign and date the form.
Email		

I. RADON MEASUREMENT BUSINESS

Proficient or Certified Analytical Service Provider(s) To Be Used

Name of Analytical Service Provider	NEHA-NRPP or NRSB ID Number			
Street Address	City	State	Zip	
Name of Analytical Service Provider		NEHA or NRSB ID Number		
Street Address	City	State	Zip	
Name of Analytical Service Provider		NEHA or NR	NEHA or NRSB ID Number	
Street Address	City	State	Zip	

II. MEASUREMENT BUSINESS ATTACHMENTS

_ Identify all radon and radon progeny measurement methods and services offered, the purpose of each service, the type of measurement equipment, and a summary of the procedure or protocol to be used. Distinguish between the protocols required for mandatory and non-mandatory measurements. (Refer to 64E-5.1206(2), Florida Administrative Code, F.A.C.)

____ Attach a copy of the certificates of all radon measurement specialists and technicians employed 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 measurement method provided. (Refer to 64E-5.1206(5), F.A.C.)

Attach a sample copy of all reporting forms used to inform clients of measurement results, including any guidance about the need for further measurements or mitigation. (Refer to 64E-5.1206(6), F.A.C.)

Attach a copy of all current publications and advertisements of radon related services made during the last 60 days. (Refer to 64E-5.1206(7), F.A.C.)

Attach a description of the health and safety program to estimate and minimize employees' exposure to radon during employment. Include a copy of the exposure form used to record 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 E	Business 1		Name of Measurement Business II			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Certificate Number for M	leasurement Business 1		Certificate Number for Measurement Business 2			

IV. MITIGATION BUSINESS ATTACHMENTS

- Identify all mitigation materials and systems offered, diagnostic instruments, diagnostic tests performed, and other related services. (Refer to 64E-5.1207(2), Florida Administrative Code, F.A.C.)
- _____ 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 and safety program to estimate and minimize employees' exposure to radon during employment. Include a copy of the form used to record exposure. (Refer to 64E-5.1207(8), F.A.C.)

V. 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 nonrefudnable 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.

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