



RI Department of Health

Application and Instructions for:

Radon Inspector

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

Please use a ball point pen. Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted, and your application will be returned to you. Information can be obtained on our website at www.health.ri.gov.

Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health (RIDOH)
Center for Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

- 1) Application fee of **\$200.00** in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2) Attachments as listed below:

Required Documentation	Copy of current certificate(s) indicating successful completion of a radon training course as required by § 2.11.1(A) of RIDOH Regulation 216-RICR-50-15-2 – Radon Control.
	Proof of passing the EPA radon measurement proficiency (RMP) exam.
	Copy of current certification as a radon measurement consultant/inspector with the National Radon Safety Board (NRSB) or the National Radon Proficiency Program (NRPP). Note: AARST membership is not the same as NRPP certification.
Performance Requirements	Radon testing services must be performed under the auspices of a licensed Radon Testing Business. A Radon Inspector must be licensed as a Radon Testing Business or be employed by a licensed Radon Testing Business. A Radon Inspector may be named on more than one Radon Testing Business's license. RIDOH must be notified of termination of services from any Radon Testing Business listed with this application within five (5) business days of the change.

Please contact the Center for Healthy Homes and Environment at 401-222-7796 or doh.radon@health.ri.gov if you have questions about the application process.

Please make a photocopy of your entire completed application for your records before mailing it to RIDOH. RIDOH is not responsible for providing you with a photocopy of your application.

Please allow RIDOH fifteen (15) business days to process your application.

You will be notified by mail to come to RIDOH to have your photograph taken and your ID badge printed.

You may review the status of your application at <https://healthri.mylicense.com/Verification>.

PLEASE NOTE: RIDOH can no longer handle applications on a "walk-in" basis. Please do not drop applications off at RIDOH.

State of Rhode Island and Providence Plantations Department of Health

<p>Name:</p> <p>This is the name that will be printed on your License and reported to any inquiries about this License.</p> <p>Do not use nicknames, etc.</p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Prefix (Mr./Mrs./Dr.)</td> <td style="text-align: center; width: 35%;">First Name</td> <td style="text-align: center; width: 35%;">Last Name</td> <td style="text-align: center; width: 5%;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr./Mrs./Dr.)	First Name	Last Name	Suffix (Jr/III)
Prefix (Mr./Mrs./Dr.)	First Name	Last Name	Suffix (Jr/III)		
<p>Date of Birth:</p>	<p>Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="font-size: small; text-align: center;">Month Day Year</p>				
<p>Gender:</p>	<p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>				
<p>Residence Information:</p> <p>You must notify RIDOH of all address, phone number and email changes.</p> <p>(Not published on RIDOH's website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>				
<p>Business/Employment Information:</p> <p>Please provide the information of the licensed radon testing business(es) which you will be performing radon measurement services.</p> <p>Note: If you are providing services for more than one radon testing business, attach this information on a separate sheet.</p>	<p>Company Name _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>				
<p>SSN: (Social Security Number)</p>	<p>Pursuant to Chapter -76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p>SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>				

<p>Enforcement Actions in Other Jurisdictions:</p> <p>If Yes, please provide details. Attach additional sheets if necessary.</p>	<p>1. Are there any outstanding or past enforcement actions by a federal, state or local jurisdiction in conduction with a radon project performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Affidavit of Applicant</p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></p> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date of Signature (MM/DD/YY)</p>