

## RI Department of Health

## Application and Instructions for:

Radon Testing Business

Applicant Name - Please Print

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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 <a href="https://www.health.ri.gov">www.health.ri.gov</a>

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

- 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	Description of the quality assurance and quality control plans for each service and technique provided.
Documentation	Copy of the RIDOH licenses of all radon inspectors employed or used as consultants
	Copy of all sample reporting forms used to inform clients of measurement results, including any guidance concerning the need for further measurements and/or mitigation
	Description of the health and safety program to estimate employee's exposure to radon during employment
Performance Requirements	Notify RIDOH in writing within 7 days of termination of any radon inspectors.
	Use only radon testing methods and protocols pursuant to RIDOH Regulation 216-RICR-50-15-2 – Radon Control.
	Report radon test results to your client within 30 days; results > 100 pCi/L must be reported by phone within 2 business days and certified mail within 5 business days. Reports must include name and license number of the inspector who took the measurements and name and license number of the analytical service that performed the analysis.
	Submit quarterly reports of all radon test results to RIDOH within 30 days of the end of the previous quarter.

Please contact the Center for Healthy Homes and Environment at (401) 222-7796 or <a href="mailto:doh.radon@health.ri.gov">doh.radon@health.ri.gov</a> 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 and mail your license.

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

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** Name of Business: Name: This is the legal entity in whose name the license should be issued and who is legally responsible. Contact Person: Name:\_ Prefix First Name Last Name Suffix List the name of whom we (Mr./Mrs./Dr.) (Jr/III) may contact regarding this license. Address Line 1 \_\_\_\_\_ Mailing Information: Address Line 2 \_\_\_\_\_ Please provide the mailing information for all Address Line 3 communication regarding this license. Address City, State, Zip Code\_\_\_\_\_ Address Country \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address:\_\_\_\_ Address Line 1 \_\_\_\_\_ Location Information: Address Line 2 \_\_\_ Please provide the location information regarding this Address Line 3 license. Address City, State, Zip Code\_\_\_\_\_ Address Country \_\_\_\_\_ Email Address:\_\_\_ **Radon Measurement** Charcoal Adsorption Alpha Track Services Requested: Continuous Radon Monitor Continuous Working Level Monitor Please check ALL measurement techniques and ☐ Electret Ion Chamber Liquid Scintillation services offered. Water Ownership Type: Corporation Limited Liability Company Please check ONE Governmental Entity Sole Proprietorship Partnership Limited Partnership Partner

Ownership Information:  Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.  Ownership Address Information:  Please provide the address, telephone number(s) and email of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name:—  DBA:  Address Line 1  Address Line 2  Address Line 3  Address City, State, Zip code  Phone:  Email Address:
Enforcement Actions in Other Jurisdictions:  If yes, please provide details. Attach additional sheets if necessary.  SSN/FEIN: (Social Security Number/Federal Employer Identification Number)	Are there any outstanding or past enforcement actions by a federal, state or local jurisdiction in conjunction with a radon measurement service performed by the applicant?  Yes No  Pursuant to Chapter 75 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.
Please note if you are a sole proprietor this number may be your SSN.	
Affidavit of Applicant Read, sign, and date this affidavit.	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.  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.  Signature  Date of Signature (MM/DD/YY)