



RI Department of Health

Application and Instructions for:

Radon Training Courses

Applicant Name – Please Print

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

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. 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
Office of Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

1. \$300.00 (three-hundred dollar) license fee for the first training course provided and an additional \$100.00 (one-hundred dollar) license fee for each additional course provided. Payment should be in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

<p>Radon Training Course(s) Submitted (check ALL applicable items):</p> <p>** Fees: \$300.00 for first course and \$100.00 for each additional course provided.</p>	<p>CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> 32 Hour Initial Radon Mitigation Specialist</p> <p><input type="checkbox"/> 16 Hour Initial Radon Inspector</p> <p><u>Attach documentation</u> to demonstrate compliance with the appropriate sections of the Rhode Island Rules and Regulations for Radon Control. Each attachment must clearly identify the specific paragraph(s) being addressed.</p>
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Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

Please call the Office of Healthy Homes and Environment at 401-222-5960 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site: <https://healthri.mylicense.com/Verification>

State of Rhode Island and Providence Plantations Department of Health

<p>Facility Name:</p> <p>Please provide the name of the facility (as known to the public) for which this certificate is being requested.</p>	<p>Name: _____</p>								
<p>Facility Contact:</p> <p>Please provide the facility. Phone, Fax and Email Information</p>	<p>Contact Name: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>								
<p>Facility Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information (Not published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Facility Location Information</p> <p>Please provide the location information for this facility (Published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, ZipCode _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
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