

RI Department of Health 3 Capitol Hill, Room 206 Providence, RI 02908-5097 www.health.ri.gov

RI Department of Health

Application and Instructions for:

Radon Analytical Services

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 <u>www.health.ri.gov.</u>

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** for each radon analytical service provided 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 the quality assurance and quality control plan for each radon analytical service or technique provided
	Copy of current certification as a radon measurement provider for analytical services with the National Radon Safety Board (NRSB) or the National Radon Proficiency Program (NRPP). for each testing device for which certification is requested Note: AARST membership is not the same as NRPP certification.
	Evidence of licensure (if needed) as an analytical laboratory by the Rhode Island Department of Health
	List of all personnel performing analysis and/or readings
	Copy of all sample reporting forms used to inform clients of measurement results, including any guidance concerning the need for further measurements and/or
Performance Requirements	Follow quality assurance and quality control plan(s)

Please contact the Center for Healthy Homes and Environment at 401-222-7796 or <u>doh.radon@health.ri.gov</u> 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 certificate.

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 Departmen		
Name of Business: This is the legal entity in whose name the license should be issued and who is legally responsible.	Name:		
Contact Person: List the name of whom we may contact regarding this license.	Name: Prefix First Name (Mr./Mrs./Dr.)	Last Name	Suffix (Jr/III)
Mailing Information : Please provide the mailing information for all communication regarding this license.	Address Line 1 Address Line 2 Address Line 3 Address City, State, Zip Code Address Phone: Fax: Email Address:		Country
Location Information : Please provide the location information regarding this license.	Address Line 1 Address Line 2 Address Line 3 Address City, State, Zip Code Address Country Phone: Fax: Email Address:		
Radon Analytical Services Requested : Please check ALL measurement techniques and services offered.	Charcoal Adsorption Continuous Radon Monitor Electret Ion Chamber Water	 Alpha Track Detector Working Level Monitor Liquid Scintillation 	
Ownership Type: Please check ONE	**Fee(s) \$200.00 for e Corporation Governmental Entity Partnership Partner	ach service - Total Fee \$ Limited Liability Company Sole Proprietorship Limited Partnership	

Ownership Information: Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: DBA:		
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.	Address Line 1		
Enforcement Actions in Other Jurisdictions: If yes, please provide details. Attach additional sheets if necessary.	Are there any outstanding or past enforcement actions by a federal, state or local jurisdiction in conjunction with a radon analysis and/or reading performed by the applicant?		
SSN/FEIN: (Social Security Number/Federal Employer Identification Number) Please note if you are a sole proprietor this number may be your SSN.	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.		
Affidavit of Applicant Read, sign, and date this affidavit.	This Application Must be Signed by the Applicant 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)		