



# RI Department of Health

## Application and Instructions for:

Radon Contractor

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](http://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. \$200.00 (two-hundred dollar) license fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

Required Attachments:	(A) Attach a description of all mitigation materials and systems offered, diagnostic tests performed, and other related services  (B) Attach a description of procedures and instruments used to perform diagnostic tests  (C) Attach a copy of the licenses of all radon mitigation specialists and workers employed (contractor must have at least one mitigation specialist on staff).  (D) Attach a description of the health and safety program to estimate employee's exposure to radon during employment.
Financial Qualifications/Bonding	Describe the bonding or other financial assurance arrangements used by the applicant to ensure performance with the requirements of any radon mitigation project that they will undertake.

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><b>Name of Business:</b></p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>								
<p><b>Contact Person:</b></p> <p>List the name of whom we may contact regarding this license.</p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Prefix (Mr/Mrs/Dr.)</td> <td style="width: 25%; text-align: center;">First Name</td> <td style="width: 25%; text-align: center;">Last Name</td> <td style="width: 25%; text-align: center;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)				
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<p><b>Mailing Information:</b></p> <p>Please provide the mailing information for all communication regarding this license.</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><b>Location Information:</b></p> <p>Please provide the location information regarding this license.</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><b>Ownership Type:</b></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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<input type="checkbox"/> Partner									
<p><b>Ownership Information:</b></p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>								

