



# 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 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](http://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:

<b>Required Documentation</b>	Copy of valid registration as a "contractor" issued by the RI Contractor's Registration and Licensing Board
	Description of the bonding or other financial assurance arrangements to ensure performance with the requirements of any radon mitigation project that the applicant will undertake
	Copy of the licenses of all Radon Supervisors and Radon Workers employed by the applicant (minimum of one Radon Supervisor required)
	Description of the health and safety program to estimate employee's exposure to radon during employment
	Description of all mitigation materials and systems offered, diagnostic tests performed, and other related services
	Description of procedures and instruments used to perform diagnostic tests
<b>Performance Requirements</b>	Maintain at least one licensed Radon Supervisor on staff. Notify RIDOH of the termination of any Radon Supervisor in writing within 5 business days.
	Submit a start work notification to RIDOH at least 3 business days before beginning a radon mitigation project.
	Ensure that your radon mitigation system installations are performed by your licensed Radon Supervisor(s) or licensed Radon Worker(s) under the on-site supervision of a Radon Supervisor. Subcontract only those portions of the mitigation project which involve the pouring of concrete slabs, plumbing and electrical work.
	Provide clients with written instructions regarding the operation and maintenance of the mitigation system and an estimate of approximate added energy costs.
	Any warranties must be explicitly stated in your contract with the client, and all warranties offered must be honored.
	Ensure that all mitigation work complies with RIDOH Regulation 216-RICR-50-15-2 – Radon Control, RIGL § 23-27.3, and local building codes.

Please contact the Center for Healthy Homes and Environment at 401-222-7796 or [doh.radon@health.ri.gov](mailto: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 and mail your license.

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><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: 30%; text-align: center;">First Name</td> <td style="width: 30%; text-align: center;">Last Name</td> <td style="width: 15%; text-align: center;">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><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, Zip Code _____</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, Zip Code _____</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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<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>								

<p><b>Ownership Address Information:</b></p> <p>Please provide the address, telephone number(s) and email of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>																	
<p><b>Enforcement Actions in Other Jurisdictions:</b></p> <p>If yes, please provide details. Attach additional sheets if necessary.</p>	<p>Are there any outstanding or past enforcement actions by a federal, state or local jurisdiction in conjunction with a radon mitigation project performed by the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p>																	
<p><b>SSN/FEIN:</b> <b>(Social Security Number/Federal Employer Identification Number)</b></p> <p>Please note if you are a sole proprietor this number may be your SSN.</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> <table border="1" data-bbox="477 827 1110 873"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																	
<p><b>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><b><u>This Application Must be Signed by the Applicant</u></b></p> <p><b>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.</b></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>_____ <b>Signature</b></p> <p>_____ <b>Date of Signature (MM/DD/YY)</b></p>																	