



Rhode Island 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 ballpoint 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 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 Rhode Island**
- 2) Attachments as listed below:

Required Documentation	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
Performance Requirements	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 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 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
Rhode Island Department of Health**

<p>Name of Business:</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>Contact Person:</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)				
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<p>Mailing Information:</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>Location Information:</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>								
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<p>Ownership Information:</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>								

