



APPLICATION FOR RADON TESTER / MITIGATOR LICENSE

State Form 45703 (R10 / 2-23)
INDIANA DEPARTMENT OF HEALTH

- INSTRUCTIONS:**
1. This is the radon certification application necessary to satisfy the requirements of 410 IAC 5.1-1-22. You must be licensed before you test, analyze or mitigate for radon-222 in Indiana. Submit the complete and accurate application, the appropriate fee(s) and proof of successful completion and current listing on the National Radon Proficiency Program (NRPP) or the National Radon Safety Board (NRSB), to be considered for Indiana licensing. See the Indiana Radon Rule 410 IAC 5.1 for additional information.
 2. Type or clearly print all information.
 3. Make personal check or money order payable to: Indiana Department of Health.
 4. Send the completed form to:
Indiana Department of Health
Attention: Lead and Healthy Homes
2 North Meridian Street, 7th Floor
Indianapolis, Indiana 46204
 5. Allow two (2) weeks for processing. If you have any questions, please call the Radon Hotline at 800-272-9723 and ask for the Radon Coordinator.

| TYPE OF LICENSE DESIRED | | |
|--|--|---|
| Check all that apply: | | |
| <input type="checkbox"/> Primary Radon Tester – Fee: \$ 100.00 | <input type="checkbox"/> Secondary Radon Tester – Fee: \$ 100.00 | <input type="checkbox"/> Radon Mitigator – Fee: \$ 100.00 |

| INDIVIDUAL INFORMATION | | | | | |
|--|---|--|--|-----------------------|------------------------|
| 1. Last Name | | 2. First Name | | 3. Middle Initial | |
| 4. Home Telephone Number (____) ____ - ____ | | | 5. E-mail Address | | |
| 6. Address where license should be mailed (number and street) | | | 7. City | 8. State | 9. ZIP Code |
| 10. Company Name (if applicable) | | | 11. Company Telephone Number (____) ____ - ____ | | |
| 12. Date of Birth Month Day Year ____/____/____ | 13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 14. Height ____ feet ____ inches | 15. Weight ____ pounds | 16. Eye Color ____ | 17. Hair Color ____ |
| If this individual is applying for a Radon Mitigator license, the individual must be a full-time employee or employer who shall be responsible for all laboratory and/or mitigation activities (as outlined in 410 IAC 5.1-1-24 and 5.1-1-26). | | | | | |

| NRPP OR NRSB INFORMATION – (COMPLETE ALL THAT APPLY.) | | |
|---|---|--|
| NRPP or NRSB identification number for Residential Measurement | NRPP or NRSB identification number for Analytical Measurement | NRPP or NRSB identification number for Residential Mitigator |
| <p>Enclose a copy of your current NRPP or NRSB Certification. Contact either the National Radon Proficiency Program (http://aarst-nrpp.com/) or the National Radon Safety Board (www.nrsb.org) for details.</p> <p>Also, if applying for Primary Radon Tester, enclose a copy of your Device Performance Test Report Listing Letter.</p> | | |

RADON MEASUREMENT SERVICES

If you are applying for Primary Radon Tester or Secondary Radon Tester, list the specific type of detector(s) you're using and list the name of the state-certified lab analyzing the detector(s) (i.e. "femto-TECH 510 – self analyzed, charcoal canisters and electric ion chamber detectors – analyzed by X Laboratories").

Type of Detector(s) used

B. If the Primary Radon Tester is using a radioactive source for calibration, list the Indiana Department of Health Radioactive Materials Registration Number.

Radioactive Materials Registration Number

FOR RE-LICENSING

Follow the instructions in this section only if the individual is currently licensed with the Indiana Department of Health and wants to renew any license(s). Provide proof of continuing education that was completed within the prior two (2) years and was obtained as follows:

Provide proof of your current NRPP or NRSB Certification. Contact either the National Radon Proficiency Program (<http://aarst-nrpp.com/>) or the National Radon Safety Board (www.nrsb.org) for details. Also, if you are applying for Radon Primary Tester, enclose your Device Performance Test Report Listing Letter.

Check here if applying for re-licensing.

Previous Indiana License Number(s)

CERTIFICATION AND SIGNATURE

I have also read and agree to adhere to: [check the appropriate category(s)]:

- EPA's current protocols for "Indoor Radon and Radon Decay Product Measurement Standards"
- EPA's current protocols for "Radon Mitigation Standards"

► IMPORTANT

Allow two (2) weeks for processing of a **complete application package** and receipt of your license(s).

Make sure you have completed all appropriate sections of this application and have included all required addenda. Sign and date the application, return it to the **Cashier** address shown on page one (1) of this application. Applications will be returned which are incomplete or contain errors in response to any questions on the form and will result in a delay in processing and issuance of your license(s).

All information requested on this application is mandatory for the administration and processing of your license application pursuant to 410 IAC 5.1.

I hereby certify that there are no misrepresentations in or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with all protocols and current requirements as outlined within federal or state radon-related regulations may result in civil and/or criminal penalties.

SIGNATURE OF APPLICANT

DATE SIGNED

____/____/____

If your contact information changes, you must notify the Indiana Radon Hotline (800) 272-9723 of your new information. Failure to do so will result in a delay in licensing. Omission of any of the required documents or incomplete or erroneous information will result in your application being returned to you and a delay in licensing.