

RADON LICENSING APPLICATION FOR INDIVIDUALS

West Virginia Bureau for Public Health
Office of Environmental Health Services
Radiation, Toxics, and Indoor Air Division
Certification and Licensing Program
350 Capitol Street, Room 313
Charleston, West Virginia 25301-3713
Telephone (304) 558-2981 Fax (304) 558-0524

A. General Information (Follow the instructions below. Incomplete applications cannot be processed.)

1. Type or print legibly in blue ink. Complete sections A and B.
2. Use a separate application form for each license category
3. Attach the required fee. Make **check or money order** payable to the **West Virginia Bureau for Public Health**. Tax is not applicable.
4. Submit application, documentation, and check or money order to the above address.

<input type="checkbox"/> Radon Tester \$50.00		<input type="checkbox"/> Radon Mitigation Specialist \$100.00		SS #	
Last Name		First Name		MI	
Home Address				City	
State	Zip	County		Home Phone	
Date of Birth		Email Address		Website	
Employer				Employer Fax	
Address				City	
State		Zip	County	Employer Phone	

Attachment Checklist (All information listed must be included with this application):

- A copy of your NRPP or NRSB certificate. (This means proof of certification by either the National Radon Proficiency Program (NRPP) or the National Radon Safety Board (NRSB), not an individual training course.)
- Quality assurance and quality control procedures to be utilized for each type of measurement device used.
- Description of radiological safety plan.
- Description by type, manufacture, and model number of all instruments to be used in radon measurements.
- Description of the method of instrument calibrations.
- The name, address, and license number of any laboratory providing analysis.

B. Applicant Attest

In accordance with Chapter 16, Article 34 of the Code of West Virginia and the applicable promulgated rules, I hereby certify that all submitted information is true and correct and that I am familiar with all applicable licensing requirements.

Signature of Applicant		Date
Title		

C. Health Department Use Only

License Number	Approved By	Issue Date	Expiration Date	Mailed To	Fee
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