

## RADON MITIGATION NOTIFICATION

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

<b>For Office Use Only:</b>
Postmark _____
Commercial ID _____

<b>Project Date</b>		Operator Project Number	
Type of Operation		<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Structure
Facility Type	<input type="checkbox"/> Residence	<input type="checkbox"/> Commercial	<input type="checkbox"/> School
Facility Owner / Project Location			
Address		City	
State	Zip	County	Business Phone
<b>WV Radon Mitigation Specialist Name</b>		Mitigation Specialist License #	
Address		City	
State	Zip	County	Business Phone
<b>Radon Testing Data</b>		Tester License #	
WV Radon Tester Name		Tester License #	
Address		City	
State	Zip	County	Business Phone
Test Start Date	Test End Date	Test Result	Device Used
Analyzed By		WV Radon Lab License #	
<b>Schedule</b>	Project Start Date	Project End Date	Work Hours
			Work Days (circle) M T W Th F Sa Su
<b>Certification</b>			
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.			
Signature of Applicant, Owner, Agent			Date
Title	Contact Email Address		Contact Phone