

RADON CONTRACTOR LICENSING APPLICATION

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. Attach the required fee. Make **check or money order** payable to the **West Virginia Bureau for Public Health**. Tax is not applicable.
 3. Submit application, documentation, and check or money order to the above address.

<input type="checkbox"/> Sole Proprietor-No Charge	<input type="checkbox"/> Other \$100	WV Tax Department #	WV General Contractor #
Business Name			Business Fax
Address			City
State	Zip	County	Business Phone
WV Radon Mitigation Specialist Name		Mitigation Specialist License #	Mitigation Specialist SS #

Attachment Checklist:

- Proof that business is registered with the West Virginia Secretary of State.
- Names and license numbers of WV radon testers and mitigation specialists employed.
- 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.

Have you terminated any radon testing projects prior to completion?

Yes No If yes, attach a description.

Have you received any penalties, citations, administrative orders or actions pertaining to radon mitigation or radon testing?

Yes No If yes, attach a description.

Have you been a party in any lawsuits pertaining to radon mitigation or radon testing?

Yes No

If yes, copies of initial pleadings and final orders shall be attached to this application.

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, Owner, Agent		Date
Title	Contact Email Address	Company Website

C. **Health Department Use Only**

License Number	Approved By	Issue Date	Expiration Date	Mailed To	Fee
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Notes: To obtain a West Virginia general contractor license, you must register with the Division of Labor:

Division of Labor
Building 3, Room 319
1900 Kanawha Blvd., East
Charleston, West Virginia 25305-0570
Telephone (304) 558-7890

To obtain a West Virginia tax number, you must register with the Secretary of State's office:

Secretary of State
Bldg. 1, Suite 157-K
1900 Kanawha Blvd. East
Charleston, WV 25305-0770
Telephone (304) 558-8000