

## 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

**Read and follow instructions carefully. Incomplete application will not be processed.**

1. Complete sections A and B, and the certification on the back of this application.
2. Use a separate application form for each licensing category being applied for.
3. Attach the required documentation and 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.

### A. General Information

<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	

#### **Required documentation:**

- A copy of a certificate proving certification through either the National Radon Proficiency Program (NRPP) or the National Radon Safety Board (NRSB).
- Quality assurance and quality control procedures 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. \*\*\*Applicants using electret ion chamber devices for testing must have a radon laboratory license.\*\*\*

### 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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**CERTIFICATION:**

PURSUANT TO WV CODE § 48-15-303, APPLICANTS FOR RADON MITIGATION LICENSURE MUST ANSWER THE FOLLOWING QUESTIONS AND CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THESE ANSWERS ARE TRUE AND CORRECT.

- |   | Yes   | No    |
|---|-------|-------|
| 1. Do you have a child support obligation?  | _____ | _____ |
| 2. If the answer to question 1 above is yes, are you in arrearage?  | _____ | _____ |
| 3. If the answer to question 2 above is yes, does your arrearage equal to or exceed the amount of child support payable for six (6) months? | _____ | _____ |
| 4. Are you the subject of a child support related subpoena or warrant?  | _____ | _____ |

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS CERTIFICATION YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE DENIAL OR SUSPENSION OF YOUR LICENSE.

I, \_\_\_\_\_, do hereby certify, under penalties and false swearing,  
(Please Print)  
that the above answers are true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date