



New Jersey Department of Environmental Protection
Division of Energy, Security and Sustainability
Bureau of Environmental Radiation
Radon Section
Mail Code 25-01
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<u>NJDEP USE ONLY</u>	
Date Received	_____
Received by	_____
Check or MO#	_____
Amount	_____

RADON PROFESSIONAL INITIAL CERTIFICATION APPLICATION

Date: _____

Please check one:

<u>Specialist - \$150</u>	<u>Technician - \$75</u>
Measurement _____	Measurement _____
Mitigation _____	Mitigation _____

A. PERSONAL INFORMATION

1. Name: Mr. Mrs.
Miss Ms. _____
(Last) (First)

2. Social Security #: _____

3. Home Mailing Address: _____
(Street)

(City) (County) (State) (Zip)

4. Home Physical Address: _____
(Street)

(City) (County) (State) (Zip)

5. Employer Business Name: _____

6. Employer Address: _____
(Street)

(City) (State) (Zip)

7. Business Telephone Number: _____
(Extension)

8. Business Fax Number: _____

9. Home Telephone Number: _____

A. PERSONAL INFORMATION (continued)

10. E-mail Address: _____

11. Other Telephone Number: _____
(Extension)

12. Other Fax Number: _____

13. Other E-mail Address: _____

B. AFFILIATION INFORMATION (for measurement professionals only)

Certified Business Affiliations:

If necessary, attach additional sheets containing the following information

Name of Certified Business

1. _____

2. _____

3. _____

C. ATTACHMENTS

Measurement Specialist (per N.J.A.C. 7:28-27.10)

1. College transcript
2. Resume or other documentation of work experience (see Enclosure)
3. Training course certificate (24 hours)
4. Exam results letter
5. Affiliation letter

Measurement Technician (per N.J.A.C. 7:28-27.13)

3. Training course certificate (16 hours)
4. Exam results letter
5. Affiliation letter

Mitigation Specialist (per N.J.A.C. 7:28-27.16)

1. College transcript
2. Resume or other documentation of work experience
3. Training course certificate (24 hours)
4. Exam results letter

Mitigation Technician (per N.J.A.C. 7:28-27.19)

2. Resume or other documentation of work experience
3. Training course certificate (16 hours)
4. Exam results letter

C. ATTACHMENTS (continued)

IF YOU WERE PREVIOUSLY FULLY CERTIFIED AND HAVE EXPIRED

Provide the following attachments:

- 3. Training Course Certificate:** Proof that a DEP-accepted continuing education course was successfully completed, 8 hours for a Specialist, 4 hours for a Technician
- 5. Affiliation letter:** From each business listed in Part B. Each letter must be dated after the certification expiration date but not more than 30 days prior to the application date.

IF YOU WERE PREVIOUSLY PROVISIONALLY CERTIFIED AND HAVE EXPIRED

Provide the following attachments:

- Experience letter:** A letter must from a certified radon business stating the successful completion of six months of radon work experience.
- 5. Affiliation letter:** From each business listed in Part B

D. CERTIFICATION SIGNATORIES

I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

(Print Name)

(Signature) (Date)

(Title)

This application must be executed before an individual authorized by law to administer oaths.

Sworn to and subscribed before me this

_____ day of _____, 20 _____

Signature of Official Administering Oath

Notary: stamp, print or type name and commission expiration date