

New Jersey Department of Environmental Protection  
Radon Section  
Mail Code 25-01  
P. O. Box 420  
Trenton, NJ 08625-0420  
Phone: (609) 984-5425  
Fax: (609) 984-5595

<b>NJDEP USE ONLY</b>	
<b>Date Received</b>	_____
<b>Received By</b>	_____

***INITIAL RADON MEASUREMENT BUSINESS***  
**CERTIFICATION APPLICATION      \$400.00**

Complete all items in Sections A and B, provide attachments in Section C, and sign Section D. Mail the original application and NONREFUNDABLE \$400 application fee (payable to Treasurer, State of New Jersey) to the above address. If mailing via FedEx, UPS, or DHL, use 25 Arctic Pkwy, Ewing, NJ 08638.

**A. BUSINESS INFORMATION**

**1. Business Name\*:**

1. \_\_\_\_\_  
(Business Name)

**2. Mailing Address\*:**

2. \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)  
\_\_\_\_\_  
(County)

**3. Physical Address:**

3. \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)  
\_\_\_\_\_  
(County)

**4. Primary Person in Charge:**

4. \_\_\_\_\_  
(Name) Mr.  Mrs.   
Miss  Ms.   
\_\_\_\_\_  
(E-mail) (Title)

**Secondary Person in Charge:**

\_\_\_\_\_  
(Name) Mr.  Mrs.   
Miss  Ms.   
\_\_\_\_\_  
(E-mail) (Title)

**5. Person in Charge of Tracking Affiliates:**

5. \_\_\_\_\_  
(Name) Mr.  Mrs.   
Miss  Ms.   
\_\_\_\_\_  
(E-mail) (Title)

**6. Business Telephone Numbers\*:**

6. \_\_\_\_\_  
(Extension)

**7. Business Fax Numbers:**

7. \_\_\_\_\_  
(Extension)

**8. Branch Information\*:**

8. \_\_\_\_\_  
(Branch Name)

\_\_\_\_\_  
Physical Address (street, city, county, state & zip code)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Branch Name)

\_\_\_\_\_  
Physical Address (street, city, county, state & zip code)

\_\_\_\_\_  
(Phone)

**9. Business Status (check one):**

Corporation       Limited Liability Corporation

Partnership       Sole Proprietorship

Municipality, county, state, Federal, or other public agency

**10. Each owner, officer, general and limited partner, director, and principal shareholder of the business:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

## 11. Corporation Information:

Name of Parent Corporation:

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State of Domestic Incorporation:

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Principal Places of Business:

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## B. BUILDING TYPES TO BE TESTED\*

Check the applicable boxes:

- Residential single-family buildings
- Residential multifamily buildings (apartment, townhouse, condominium, other)
- Non-residential large buildings
- Schools

Will direct device mailing to homeowners be offered? \*

- Yes
- No

## C. ATTACHMENTS

Provide all attachments in the following order by reviewing the regulations (N.J.A.C. 7:28-27) and using documents at: [https://www.state.nj.us/dep/rpp/radon/rad\\_cert\\_req.html](https://www.state.nj.us/dep/rpp/radon/rad_cert_req.html)

1. Non-portable device list (complete and submit the Non-Portable Device Form found at the link above to ADD charcoal canisters, liquid scintillation devices, and/or alpha track devices to your certification)
2. Portable device list (complete and submit the Business Portable Device Form found at the link above to ADD continuous radon monitors and/or electret devices to your certification)
3. Quality assurance plan(s) (complete one or more of the plans found at the link above, as applicable, by filling in minimal business-specific information OR prepare and submit your own plan in accordance with N.J.A.C. 7:28-27.14)
4. Radiological safety plan (complete the plan found at the link above by filling in minimal business-specific information OR prepare and submit your own plan in accordance with N.J.A.C. 7:28-27.15)
5. Copy of the chain of custody forms for EACH device type and building type in accordance with N.J.A.C. 7:28-27.9(g)
6. Copy of the instruction document the business provides to individuals who are not subject to certification under this subchapter, in accordance with N.J.A.C. 7:28-27.9(h)
7. Copy of the confidentiality waiver form in accordance with N.J.A.C. 7:28-27.9(o) (a sample confidentiality waiver form is available at the link above)
8. Copy of each client reporting form used to report results to clients in accordance with N.J.A.C. 7:28-27.17(c)

## D. CERTIFICATION SIGNATORIES

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including the possibility of fine and/or imprisonment. I am aware that the certification for which this business is applying requires compliance with N.J.A.C. 7:28-27 at all times when the business and affiliates are providing radon services under that certification.*

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Signature by individual stated in N.J.A.C. 7:28-27.4(c)

Date

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Title

Please see the following link for additional certification information.

[https://www.state.nj.us/dep/rpp/radon/rad\\_cert\\_req.html](https://www.state.nj.us/dep/rpp/radon/rad_cert_req.html)

\* Denotes information that will be provided to the public on

<https://nj.gov/dep/rpp/radon>