



RI Department of Health

Application and Instructions for:

Radon Testing Business

Applicant Name – Please Print

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

Please use a ball point pen. Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Information can be obtained on our website at www.health.ri.gov

Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health (RIDOH)
 Center for Healthy Homes and Environment
 Room 206 - 3 Capitol Hill
 Providence, RI 02908-5097

- 1) Application fee of **\$200.00** in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2) Attachments as listed below:

Required Documentation	Description of the quality assurance and quality control plans for each service and technique provided.
	Copy of the RIDOH licenses of all radon inspectors employed or used as consultants
	Copy of all sample reporting forms used to inform clients of measurement results, including any guidance concerning the need for further measurements and/or mitigation
	Description of the health and safety program to estimate employee's exposure to radon during employment
Performance Requirements	Notify RIDOH in writing within 7 days of termination of any radon inspectors.
	Use only radon testing methods and protocols pursuant to RIDOH Regulation 216-RICR-50-15-2 – Radon Control.
	Report radon test results to your client within 30 days; results ≥ 100 pCi/L must be reported by phone within 2 business days and certified mail within 5 business days. Reports must include name and license number of the inspector who took the measurements and name and license number of the analytical service that performed the analysis.
	Submit quarterly reports of all radon test results to RIDOH within 30 days of the end of the previous quarter.

Please contact the Center for Healthy Homes and Environment at (401) 222-7796 or doh.radon@health.ri.gov if you have questions about the application process.

Please make a photocopy of your entire completed application for your records before mailing it to RIDOH. RIDOH is not responsible for providing you with a photocopy of your application.

Please allow RIDOH fifteen (15) business days to process your application and mail your license.

You may review the status of your application at <https://healthri.mylicense.com/Verification>.

PLEASE NOTE: RIDOH can no longer handle applications on a "walk-in" basis. Please do not drop applications off at RIDOH.

State of Rhode Island and Providence Plantations Department of Health

<p>Name of Business:</p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>								
<p>Contact Person:</p> <p>List the name of whom we may contact regarding this license.</p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Prefix (Mr./Mrs./Dr.)</td> <td style="text-align: center; width: 35%;">First Name</td> <td style="text-align: center; width: 35%;">Last Name</td> <td style="text-align: center; width: 5%;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr./Mrs./Dr.)	First Name	Last Name	Suffix (Jr/III)				
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<p>Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
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