



RI Department of Health  
3 Capitol Hill, Room 206  
Providence, RI 02908-5097  
[www.health.ri.gov](http://www.health.ri.gov)

# RI Department of Health

## Application and Instructions for:

Radon Worker

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](http://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 **\$40.00** in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2) Attachments as listed below:

<b>Required Documentation</b>	Copy of certificate(s) indicating successful completion of all training required by § 2.12.1 of RIDOH Regulation 216-RICR-50-15-2 - Radon Control.
<b>Performance Requirements</b>	Radon mitigation services must be performed under the on-site supervision of a RIDOH licensed Radon Supervisor.

Please contact the Center for Healthy Homes and Environment at 401-222-7796 or [doh.radon@health.ri.gov](mailto: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.

You will be notified by mail when to come to RIDOH to have your photograph taken and your ID badge printed.

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><b>Name:</b></p> <p>This is the name that will be printed on your License and reported to any inquiries about this License.</p> <p>Do not use nicknames, etc.</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: 30%;">Last Name</td> <td style="text-align: center; width: 10%;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr./Mrs./Dr.)	First Name	Last Name	Suffix (Jr/III)
Prefix (Mr./Mrs./Dr.)	First Name	Last Name	Suffix (Jr/III)		
<p><b>Date of Birth:</b></p>	<p>Date of Birth: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="font-size: small; text-align: center;">Month                  Day                  Year</p>				
<p><b>Gender:</b></p>	<p>Male <input type="checkbox"/>                  Female <input type="checkbox"/></p>				
<p><b>Residence Information:</b></p> <p>You must notify RIDOH of all address, phone number and email changes.</p> <p><b>(Not published on RIDOH's website).</b></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>				
<p><b>Business/Employment Information:</b></p> <p>Please provide the information of the licensed radon mitigation contractor(s) for which you will be performing radon mitigation services.</p> <p>Note: If you are providing services for more than one radon contractor, attach this information on a separate sheet.</p>	<p>Company Name _____</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>				
<p><b>SSN: (Social Security Number)</b></p>	<p>Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p>SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>				

