

New Jersey Department of Environmental Protection Division of Climate, Clean Energy and Radiation Protection Bureau of Environmental Radiation Radon Section Mail Code 25-01 PO Box 420 Trenton, New Jersey 08625-0420 Phone: (609) 984-5425 Fax: (609) 984-5595

NJDEP USE ONLY			
Date Received			
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Check or MO#			
Amount			

RADON PROFESSIONAL <u>INITIAL</u> CERTIFICATION APPLICATION

		Date:			
Please check one:	<u> Specialist - \$1</u>	<u>50</u>		<u> Technician - \$75</u>	
	Measurement			Measurement	
	Mitigation			Mitigation	
A. <u>PERSONAL I</u>	NFORMATION	<u>I</u>			
1. Name:	Mr. □ Mrs.□				
Miss 🗆 Ms. 🗆	Miss 🗆 Ms. 🗆	(Last)		(First)	
2. Social Securit	t y #:				
3. Home Mailing	g Address:				
		(Street)			
		(City)	(County)	(State)	(Zip)
4. Home Physics	al Address:	(Street)			
		(Sireer)			
		(City)	(County)	(State)	(Zip)
5. Employer Bu	siness Name:				
6. Employer Ad	dress:				
E J		(Street)			
		(City)	(State)) (Zip)
7. Business Tele	phone Number:			(Extension)	
8. Business Fax	Number:			· · · · · · · · · · · · · · · · · · ·	
9. Home Teleph	one Number:				

A. <u>PERSONAL INFORMATION (continued)</u>

	10. E-mail Address:			
	11. Other Telephone Number:	(Extension)		
	12. Other Fax Number:			
	13. Other E-mail Address:			
B.	<u>CERTIFIED BUSINESS INFORMATION</u> (for measurement professionals only) Name(s) of certified business(es) for which applicant will be a certified measurement technician or specialist			
	1			

2. _____

C. ATTACHMENTS

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

- 1. College transcript
- 2. Resume or other documentation of radiation work experience
- 3. Training course certificate (24 hours)
- Exam results (<u>New Jersey Radon Measurement Specialist Exam taken through Examity</u> if you take the NRPP Residential Radon Measurement Provider Exam it will <u>NOT</u> be accepted – see NJ professional initial certification application instructions for details)
- 5. Letter from each business listed in B. above

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

- 3. Training course certificate (16 hours)
- Exam results (<u>New Jersey Radon Measurement Technician Exam taken through Examity</u> if you take the NRPP Residential Radon Measurement Provider Exam it will <u>NOT</u> be accepted – see NJ professional initial certification application instructions for details)
- 5. Letter from each business listed in B. above

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)
- Exam results (<u>New Jersey Radon Mitigation Specialist Exam taken through Examity</u> if you take the NRPP Residential Radon Mitigation Provider Exam it will <u>NOT</u> be accepted – see NJ professional initial certification application instructions for details)
- 5. Letter from each business listed in B. above

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)

- Exam results (<u>New Jersey Radon Mitigation Technician Exam taken through Examity</u> if you take the NRPP Residential Radon Mitigation Provider Exam it will <u>NOT</u> be accepted – see NJ professional initial certification application instructions for details)
- 5. Letter from each business listed in B. above

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. Letters from business(es): Letter from each business listed in B. above

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. Letter(s) from business(es): Letter from each business listed in B. above

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