<u>Item #2</u>

Please remit to:
New Jersey Department of Environmental Protection
Site Remediation Program
Frank Faranca
Bureau of Case Management
P.O. Box 028, 401 E. State Street, 5th Floor
Trenton, NJ 08625-0028



Homeowner Information (Part 1 of 2)

| Homeowner Name | | |
|--|-------------------------------|---------------------------------------|
| Address | | |
| City/Town | State | Zip Code |
| Phone | Fax | |
| Email Address | | |
| | | |
| Certification Statements: (All certifications as | re required. Please initial.) | |
| I have been provided and understand and understand that any costs in excess to the g | | |
| I understand that as the homeowner I within the cost guidelines or otherwise preappr | | |
| I understand that as the homeowner I Work for managing my contractor. | am responsible througho | ut the implementation of the Scope of |
| I understand that my contractor is responsible for implementation of the Scope of Work including the design, installation, maintenance, and monitoring of the mitigation system. | | |
|] | Homeowner Signature_ | |
| | Date_ | |

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Selected Contractor Information (Part 2 of 2)

| Contractor Name | | |
|--|---|---|
| Address | | |
| City/Town | State | Zip Code |
| Phone | Fax | |
| Email Address | | |
| Cell Phone # | | |
| Applicable License Information: (Mus | st complete at least one.) | |
| ► Certified Radon Mitigation Business Li | icense # | |
| Licensed Site Remediation Professiona Please attach a list of contaminat addresses. | ıl License # ted sites where you have installed va | apor mitigation systems, along with the |
| ➤ Professional Engineer License # ➤ Please attach a list of contaminal addresses. | ted sites where you have installed va | por mitigation systems, along with the |
| Certification Statements: (All certification | ons are required. Please initial.) | |
| I have been provided a copy of t mitigation in accordance with the Scope of | the Scope of Work and agree to conof Work. | duct only the required vapor |
| I have been provided the cost guinformation, as required by NJDEP or El | | |
| I understand that any cost overr | uns may not be reimbursable unless | pre-approved by NJDEP or EPA. |
| | Contractors Signature | |
| | Contractors License # | |
| | Date | |