

**New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Indoor Environments Program
PO Box 369
Trenton, NJ 08625-0369**

**Indoor Environmental Consultant License Application
EMPLOYEE QUALIFICATIONS:
RADON CERTIFICATION INFORMATION**

Directions for Completion:

(1) Type or legibly print all information. (2) Complete the page number and number of pages for this form on the bottom right corner of each page. (3) Please include all currently approved staff and staff that need to be removed or added to your list.

Full Legal Name of Applicant (as it appears on the CEHS-9 Application form)	Reason for Submission <input type="checkbox"/> New Application <input type="checkbox"/> Revision
<p>You must check one of the following:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; padding: 5px;"> <input type="checkbox"/> The above-named applicant is not currently certified by the New Jersey Department of Environmental Protection (NJDEP) to do Radon Testing. At this time, the applicant has not contracted with a company to conduct radon activities, but will sub-contract any such work to a company or individual who holds the proper NJDEP radon certification. </div> <div style="width: 30%; padding: 5px;"> <input type="checkbox"/> The above-named applicant is not currently certified by the New Jersey Department of Environmental Protection (NJDEP) to do Radon Testing. Indicate below the company (Section I.) or individual(s) (Section II.) you will sub-contract radon testing work to. A notarized copy of each currently valid NJDEP certification must be included for each company or individual listed. </div> <div style="width: 30%; padding: 5px;"> <input type="checkbox"/> The above-named applicant currently holds a Radon Testing Business Certification (complete Section I) or employs individuals (complete Section II.) who have a currently valid NJDEP certifications as indicated below. A notarized copy of each currently valid certification must be included for each company or individual listed. </div> </div>	

SECTION I – COMPANY RADON CERTIFICATION INFORMATION				
Company Name	Telephone	NJDEP Certification No.	Expiration Date	No. Years Certified
Physical Address	City	State	Zip Code	
Mailing Address <input type="checkbox"/> Same as Physical Address	City	State	Zip Code	
Has this company been issued a violation from the NJDCA, NJDEP, USEPA or any other Federal or State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a statement describing circumstances)				

SECTION II – INDIVIDUAL RADON CERTIFICATION INFORMATION								
Certified Individual (Last Name, First Name, MI)	Status of Staff			Date of Birth	NJDEP Permit No.	NJDEP ID No.	Expiration Date	Number of Years of Relevant Experience **
	New	Existing	Inactive *					

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(Continued)

SECTION II – INDIVIDUAL RADON CERTIFICATION INFORMATION								
Certified Individual (Last Name, First Name, MI)	Status of Staff			Date of Birth	NJDEP Permit No.	NJDEP ID No.	Expiration Date	Number of Years of Relevant Experience **
	New	Existing	Inactive *					

* No longer employed or active. ** Attach resume.