



BUSINESS CERTIFICATION AMENDMENT REQUEST FORM

New Jersey Department of Environmental Protection
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 _____ |
| Assigned to _____ |

Business Name: _____

Certification #: _____ **Date:** _____

- List the requested application amendments in the table below,
 - Complete and sign this form, and
 - Submit any additional documentation of the change **in the order listed below**.
- NOTE: Documentation consists of any information needed to update the certification such as the revised form, updated plan, etc.

| Statement of the Requested Amendment | Documentation Attached | NJDEP USE ONLY |
|--------------------------------------|--|-------------------------|
| | | Date Amendment Approved |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / |

The individual responsible for the business's application agrees to the following and signs the amendment below in accordance with N.J.A.C. 7:28-27.4:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including the possibility of fine and/or imprisonment. I am aware that the certification for which this business is applying requires compliance with N.J.A.C. 7:28-27 at all times when the business and affiliates are providing radon services under that certification.

Print Name

Date

Signature