

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

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# 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 <b>y</b> #:            |           |          |                                       |       |
| 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. | <b><u>CERTIFIED BUSINESS INFORMATION</u></b> (for measurement professionals only)<br>Name(s) of certified business(es) for which applicant will be a certified measurement<br>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