

A. PERSONAL INFORMATION (continued)

10. E-mail Address: _____

11. Other Telephone Number: _____
(Extension)

12. Other Fax Number: _____

13. Other E-mail Address: _____

**B. CERTIFIED BUSINESS INFORMATION (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)
4. Exam results (**New Jersey Radon Measurement Specialist Exam taken through Examity** – if you take the NRPP Residential Radon Measurement Provider Exam it will **NOT** 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)
4. Exam results (**New Jersey Radon Measurement Technician Exam taken through Examity** – if you take the NRPP Residential Radon Measurement Provider Exam it will **NOT** 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)
4. Exam results (**New Jersey Radon Mitigation Specialist Exam taken through Examity** – if you take the NRPP Residential Radon Mitigation Provider Exam it will **NOT** 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)

- 4. Exam results (**New Jersey Radon Mitigation Technician Exam taken through Exami**ty – if you take the NRPP Residential Radon Mitigation Provider Exam it will **NOT** 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