



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

INSTRUCTIONS

RADON PROFESSIONAL INITIAL CERTIFICATION APPLICATION

Certification and application requirements are set forth by **N.J.A.C. 7:28-27.9-20**

Complete **all** items in the application. Do not reference previously submitted documents filed with the State or any other government agency. Read each item carefully and answer as completely as possible. All attachments are to be appropriately labeled. **Make a copy of the completed application and all attachments. Retain the copy for your records.** Mail the original application and **NONREFUNDABLE** application fee to the above address. Check or money order may be made payable to **Treasurer, State of New Jersey.**

A. PERSONAL INFORMATION

1. **Name:** Enter your full name
2. **Social Security #:** Enter your full, nine-digit, Social Security Number as required by the State of New Jersey, Department of Treasury, Division of Taxation.
3. **Home Mailing Address:** The location of your personal mail delivery
4. **Home Physical Address:** Your actual home location (if same as above, write "same"). This cannot be a PO Box or the address of a certified radon business.
5. **Employer Business Name:** Exact name of employer
6. **Employer Address:** Mailing address of employer
7. **Business Telephone Number:** The telephone number at your place of employment
8. **Business Fax Number:** The fax number at your place of employment
9. **Home Telephone Number:** Your main home telephone number
10. **E-mail Address:** Your E-mail address (personal or business)
11. **Other Telephone Number:** An alternate telephone number that can be used to contact you (if applicable)
12. **Other Fax Number:** An alternate fax number that can be used to contact you (if applicable)
13. **Other E-mail Address:** An alternate E-mail address that can be used to contact you (if applicable)

B. LIST OF CERTIFIED BUSINESSES (for measurement professionals only)

Name(s) of certified business(es) for which applicant will be a certified measurement technician or specialist

C. ATTACHMENTS (where applicable)

1. **College transcript:** Record of courses taken and credits received/degree granted from an accredited college/university. For Measurement Specialist: Bachelor's degree in science or engineering or proof of CHP (see N.J.A.C. 7:28-27.9 for more detail). For Mitigation Specialist: (a combination of five years with experience requirement) curriculum in architecture, engineering, HVAC studies or proof of PE (see N.J.A.C. 7:28-27.15 for more detail)
2. **Resume:** Historical documentation of work experience and educational background. For Measurement Specialist: one year of radiation work experience (see N.J.A.C. 7:28-27.9(a)1.ii. for more detail). For Mitigation Specialist: (a combination of five years with education requirement) building, construction, HVAC or mitigation system design experience (see N.J.A.C. 7:28-27.15 for more detail). For Mitigation Technician: two years of experience in building, construction and/or HVAC trades (see N.J.A.C. 7:28-27.18 for more detail)
3. **Training Course Certificate:** Proof that a DEP-accepted initial training course (for more information see the Professional Certification section at <http://www.nj.gov/dep/rpp/radon/cert1.htm>) was successfully completed, 24 hours for a Specialist, 16 hours for a Technician
4. **Exam Results: IMPORTANT** – Submit a copy of the New Jersey Radon Exam taken through Examity – if you take the NRPP Residential Radon Provider Exam it will **NOT** be accepted. Go to <https://nrpp.info/new-jersey-licensure/>. **Choose the appropriate New Jersey exam from the four types listed.** Do **NOT** choose a “Residential Radon Provider Exam”
5. **Business Letter:** From each business listed in Part B

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 (for more information go to the link in item C.3. above)
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. **Letters from business(es):** Letter from each business listed in B. above

D. CERTIFICATION SIGNATORIES

The name of the applicant must be printed and signed. The signature must be notarized. The notary must stamp, print or type his/her name and the date.

IMPORTANT MAILING INFORMATION

If sending via regular mail, use the address at the top of the first page. If sending via overnight mail, refer to the following:

Overnight via USPS
NJDEP - Radon Section
Mail Code 25-01
PO Box 420
Trenton NJ 08625-0420

Overnight via FedEx, DHL or UPS
NJDEP - Radon Section
25 Arctic Pkwy
Ewing NJ 08638

DETACH THE INSTRUCTIONS WHEN SUBMITTING APPLICATION