

New Jersey Department of Environmental Protection
Radon Section
Mail Code 25-01
P. O. Box 420
Trenton, NJ 08625-0420
Phone: (609) 984-5425
Fax: (609) 984-5595

NJDEP USE ONLY	
Date Received	_____
Received By	_____

RADON PROFESSIONAL INITIAL MEASUREMENT SPECIALIST - *previously certified*

CERTIFICATION APPLICATION \$150.00 MES_____

A. PERSONAL INFORMATION

Complete Sections A and B, provide attachments in Section C, and sign Section D. Mail the original application and NONREFUNDABLE \$150 application fee (payable to Treasurer, State of New Jersey) to the above address. If mailing via FedEx, UPS, or DHL use 25 Arctic Pkwy, Ewing NJ 08638.

1. Name:

Mr. Mrs.

Miss Ms.

1. _____
(Last) (First)

2. Social Security #:

3. Home Mailing Address:

3. _____
(Street)

(City) (State) (Zip)

4. Home Physical Address:

4. _____
(Street)

(City) (State) (Zip)

5. Home Telephone Number:

5. _____
(Extension)

6. Cell Telephone Number:

6. _____
(Extension)

7. E-mail Address:

8. Alternate E-mail Address:

7. _____

9. Fax Number:

8. _____

9. _____

B. BUILDING TYPES TO BE TESTED

Check the applicable boxes:

- Residential single-family buildings
- Residential multifamily buildings (apartment, townhouse, condominium, other)
- Non-residential large buildings
- Schools

C. ATTACHMENTS

Measurement Specialist (per N.J.A.C. 7:28-27.18)

1. Copy of the 8-hour training course certificate if residential multifamily buildings, non-residential large buildings, and/or schools are checked in section B. (One certificate is acceptable if a course specifies that it covers more than one building type; for example, if a course addresses schools and large buildings, one certificate may be submitted to fulfill the training requirement for both building types) Training courses for these building types may be found at: https://www.state.nj.us/dep/rpp/radon/rad_cert_req.html
2. If you use continuous radon monitors and/or electret devices, complete and submit the MET & MES Portable Device Form found at this link to ADD devices to your certification https://www.state.nj.us/dep/rpp/radon/rad_cert_req.html
3. Copy of proficiency test for each device model listed in the portable device list

CI. 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. I am aware that the certification for which I am applying requires compliance with N.J.A.C. 7:28-27 at all times when providing radon services under that certification.

(Signature)

(Date)

Before sending in your application, please review the checklist below to ensure your application is approved in a timely manner. For more detailed instructions please visit the following website.

https://www.state.nj.us/dep/rpp/radon/rad_cert_req.html

- Filled out the form completely and accurately
- Review the attachments section and ensure that all necessary documents are included
- Attached a check for \$150 made out to Treasurer - State of New Jersey
- Mail the application package via USPS to the address in the heading or via FedEx, UPS, or DHL to 25 Arctic Pkwy, Ewing NJ 08638