BER-Radon January 2023

## 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 US	E ONLY
Date Received	
Received By	

Mr. Mrs.

## RADON PROFESSIONAL INITIAL MEASUREMENT TECHNICIAN - previously certified CERTIFICATION APPLICATION \$75.00 MET

## A. PERSONAL INFORMATION

Complete Section A and B, provide attachments in section C, and sign Section D. Mail the original application and NONREFUNDABLE\$75 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:	1				Miss	Ms.	
2. Social Security #:	1.	(Last)	(First)				
3. Home Mailing Address:	•						
	3.	(Street)					
4. Home Physical Address:		(City)	(State)	(Zip)			
	4.	(Street)					
		(City)	(State)	(Zip)			
5. Home Telephone Number:							
6. Cell Telephone Number:	5.			(Extension	n)		
7. E-mail Address:	6.			(Extension	n)		
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 Technician (per N.J.A.C. 7:28-27.21) 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 Protable Device Form found at this link to ADD devices to your certification https://www.state.nj.us/dep/rpp/radon/rad cert reg.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 nes -27 at

there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including and/or imprisonment. I am aware that the certification for which I am applying requires compliance with N.J.A.C. 7:2 all times when providing radon services under that certification.						
(Signature)	(Date)					
manner. For m	g in your application, please review the checklist below to ensure your application is approved in a time nore detailed instructions please visit the website below.  state.nj.us/dep/rpp/radon/rad_cert_req.html	ly				
	Filled out the form completely and accurately  Review the attachments section and ensure that all necessary documents are included  Attached a check for \$75 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	5				