

6. Business Telephone Numbers*:

6. _____
(Extension)

7. Business Fax Numbers:

7. _____
(Extension)

8. Branch Information*:

8. _____
(Branch Name)

Physical Address (street, city, state & zip code)

(Phone)

(Branch Name)

Physical Address (street, city, state & zip code)

(Phone)

9. Business Status (check one):

Corporation Limited Liability Corporation

Partnership Sole Proprietorship

Municipality, county, state, Federal, or other public agency

10. Each owner, officer, general and limited partner, director, and principal shareholder of the business:

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

11. Corporation Information:

Name of Parent Corporation:

State of Domestic Incorporation:

Principal Places of Business:

B. BUILDING TYPES TO BE MITIGATED* (choose one or more)

- Residential single-family buildings following ANSI/AARST SGM-SF-2017
- Residential multifamily buildings (apartment, townhouse, condominium, other) following ANSI/AARST RMS-MF-2018
- Non-residential large buildings following ANSI/AARST RMS-LB-2018
- Schools following ANSI/AARST RMS-LB-2018

C .EXPOSURE TRACKING METHOD (choose one)

- Passive long-term detector for each affiliate for a minimum of three consecutive months
- Estimate using the highest pre-mitigation radon test results obtained by any affiliate and the maximum total time spent by any affiliate in buildings while conducting mitigations for the past year

D. ATTACHMENTS

Provide all attachments in the following order in the application:

1. Form contract for a fan installation only [N.J.A.C. 7:28-27.13(l)]
2. Form contract for a full mitigation system installation [N.J.A.C. 7:28-27.13(l)]
3. Radiological safety plan (complete the plan found at this link by filling in minimal business-specific information OR prepare and submit your own plan in accordance with N.J.A.C. 7:28-27.15)

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

E. CERTIFICATION SIGNATORIES

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including the possibility of fine and/or imprisonment. I am aware that the certification for which this business is applying requires compliance with N.J.A.C. 7:28-27 at all times when the business and affiliates are providing radon services under that certification.

Signature by individual stated in N.J.A.C. 7:28-27.4(c)

Date

Title

Review the checklist below to ensure that your application is complete. Please go to the following web site for additional certification information.

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

- Fill out the form completely and accurately
- Review the attachments section, label all attachments, and ensure that all necessary documents are included
- Attach a check for \$400 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

* Denotes information that will be provided to the public on

<https://nj.gov/dep/rpp/radon>