



RI Department of Health

Application and Instructions for:

Radon Analytical Services

Applicant Name – Please Print

DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET

INSTRUCTIONS

Please use a ball point pen. Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted, and your application will be returned to you. Information can be obtained on our website at www.health.ri.gov.

Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health (RIDOH)
Center for Healthy Homes and Environment
Room 206 - 3 Capitol Hill
Providence, RI 02908-5097

- 1) Application fee of **\$200.00** for each radon analytical service provided in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
- 2) Attachments as listed below:

Required Documentation	Copy of the quality assurance and quality control plan for each radon analytical service or technique provided
	Copy of current certification as a radon measurement provider for analytical services with the National Radon Safety Board (NRSB) or the National Radon Proficiency Program (NRPP). for each testing device for which certification is requested Note: AARST membership is not the same as NRPP certification.
	Evidence of licensure (if needed) as an analytical laboratory by the Rhode Island Department of Health
	List of all personnel performing analysis and/or readings
	Copy of all sample reporting forms used to inform clients of measurement results, including any guidance concerning the need for further measurements and/or
Performance Requirements	Follow quality assurance and quality control plan(s)

Please contact the Center for Healthy Homes and Environment at 401-222-7796 or doh.radon@health.ri.gov if you have questions about the application process.

Please make a photocopy of your entire completed application for your records before mailing it to RIDOH. RIDOH is not responsible for providing you with a photocopy of your application.

Please allow RIDOH fifteen (15) business days to process your application and mail your license certificate.

You may review the status of your application at <https://healthri.mylicense.com/Verification>.

PLEASE NOTE: RIDOH can no longer handle applications on a "walk-in" basis. Please do not drop applications off at RIDOH.

State of Rhode Island and Providence Plantations Department of Health

<p>Name of Business:</p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>								
<p>Contact Person:</p> <p>List the name of whom we may contact regarding this license.</p>	<p>Name: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Prefix (Mr./Mrs./Dr.)</td> <td style="width: 25%; text-align: center;">First Name</td> <td style="width: 25%; text-align: center;">Last Name</td> <td style="width: 25%; text-align: center;">Suffix (Jr/III)</td> </tr> </table>	Prefix (Mr./Mrs./Dr.)	First Name	Last Name	Suffix (Jr/III)				
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<p>Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address _____ Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Location Information:</p> <p>Please provide the location information regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>								
<p>Radon Analytical Services Requested:</p> <p>Please check ALL measurement techniques and services offered.</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Charcoal Adsorption</td> <td><input type="checkbox"/> Alpha Track Detector</td> </tr> <tr> <td><input type="checkbox"/> Continuous Radon Monitor</td> <td><input type="checkbox"/> Working Level Monitor</td> </tr> <tr> <td><input type="checkbox"/> Electret Ion Chamber</td> <td><input type="checkbox"/> Liquid Scintillation</td> </tr> <tr> <td><input type="checkbox"/> Water</td> <td></td> </tr> </table> <p style="text-align: right;">**Fee(s) \$200.00 for each service - Total Fee \$ _____</p>	<input type="checkbox"/> Charcoal Adsorption	<input type="checkbox"/> Alpha Track Detector	<input type="checkbox"/> Continuous Radon Monitor	<input type="checkbox"/> Working Level Monitor	<input type="checkbox"/> Electret Ion Chamber	<input type="checkbox"/> Liquid Scintillation	<input type="checkbox"/> Water	
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