

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	_____

INITIAL RADON MEASUREMENT BUSINESS - *previously certified*

CERTIFICATION APPLICATION \$400.00 MEB _____

Complete all items in Sections A, B and C, provide attachments in Section D, and sign section E. Mail the original application and NONREFUNDABLE \$400 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.

A. BUSINESS INFORMATION

1. Business Name*:

1. _____
(Business Name)

2. Mailing Address*:

2. _____
(Street)

(City) (State) (Zip)

(County)

3. Physical Address:

3. _____
(Street)

(City) (State) (Zip)

(County)

4. Primary Person in Charge:

4. _____
(Name) Mr. Mrs.
Miss Ms.

(E-mail) (Title)

Secondary Person in Charge:

(Name) Mr. Mrs.
Miss Ms.

(E-mail) (Title)

5. Person in Charge of Tracking Affiliates:

5. _____
(Name) Mr. Mrs.
Miss Ms.

(E-mail) (Title)

6. Business Telephone Numbers*:

6. _____
(Extension)

7. Business Fax Numbers:

7. _____
(Extension)

8. Branch Information*:

8. _____
(Branch Name)

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

(Phone)

(Branch Name)

Physical Address (street, city, county, 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 TESTED*

Check the applicable boxes:

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

Will direct device mailing to homeowners be offered? *

- Yes
- No

C. ATTACHMENTS

Provide all attachments in the following order using documents found at:

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

1. Non-portable device list (complete and submit the Non-Portable Device Form found at the link above to ADD charcoal canisters, liquid scintillation devices, and/or alpha track devices to your certification)
2. Portable device list (complete and submit the Business Portable Device Form found at the link above to ADD continuous radon monitors and/or electret devices to your certification)
3. Quality assurance plan(s) (complete one or more of the plans found at the link above, as applicable, by filling in minimal business-specific information OR prepare and submit your own plan in accordance with N.J.A.C. 7:28-27.14; a sample confidentiality waiver form is available at the link above)
4. Radiological safety plan (complete the plan found at the link above 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)

D. 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 see the following link 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>