

Ohio Department of Health  
**Radon Tester/Radon Mitigation Specialist License Application**  
 Ohio Administrative Code Chapter 3701-69

- Read the instructions carefully and answer all questions as completely as possible.
- Applications with incorrect or missing information will be returned to you for correction which will delay the application approval process.
- Attach check or money order, made payable to **Treasurer, State of Ohio**, in the amount indicated below.
- Mail (do not fax) to: **Ohio Department of Health, Revenue Processing, PO Box 15278, Columbus, OH 43215.**

<input type="checkbox"/> Radon Tester \$400.00 or <input type="checkbox"/> Radon Mitigation Specialist \$600.00				<input type="checkbox"/> New		<input type="checkbox"/> Renewal			
Full Name (Last)			Full Name (First)			Full Name (MI)		Social Security Number	
Home Address					Home Phone #		License # if renewal		
City			State	Zip		E-mail Address			
Business/Company Name									
Company Address					City		State	Zip	
Business Phone #		Business Fax #			Business/Company Website				
If you are a United States armed forces service member or veteran, or the spouse or surviving spouse of a service member or veteran and would like to receive priority expedited certification processing, check <input type="checkbox"/> Yes. If Yes, mark the appropriate box below and submit acceptable proof of service member or veteran status as detailed on the Ohio Department of Health Radon Licensing website. <input type="checkbox"/> Service Member <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse									

- Attach a copy of your training certificate showing completion of each course. If a renewal, attach proof of completion of continuing education hours.
  - Attach documentation to indicate that you have passed an examination prescribed by the Ohio Department of Health.
  - Attach quality assurance and quality control procedures to be utilized in radon testing and/or mitigation.
  - Attach radiological safety plan. This should include both administrative and operational aspects of the safety program and a listing of safety-related equipment to be provided to workers.
  - Attach an explanation of the method used to calibrate radon measurement instruments.
  - Attach a copy of the most recent calibration certificate for each of your radon measurement instrument(s).
- Has the applicant or an affiliated, associated, related person ever been a party to any radon testing projects which were terminated prior to completion?  
 Yes    No   If Yes, submit detailed explanation.
  - Has the applicant or an affiliated, associated, related person ever been a party to any penalties, citations, or administrative orders or actions pertaining to radon mitigation or radon testing?  
 Yes    No   If Yes, submit detailed explanation.
  - Has the applicant or an affiliated, associated, related person ever been a party to any lawsuits pertaining to radon mitigation or radon testing?  
 Yes    No   If Yes, submit detailed explanation.

List the instrumentation to be used for radon and/or radon progeny measurement. Attach additional sheets if necessary.

Type	Manufacturer	Model #	Serial #	Cal. Frequency	Calibration Provider

If you use a passive radon monitor (e.g. charcoal canister or alpha track) but do not analyze them, list the name and Ohio approval number of the laboratory providing analysis. Attach additional sheets if necessary.

Laboratory Name	Laboratory Address	ODH Approval (RL#)

Provision of your social security number (SSN) is mandated by Ohio Revised Code section 3123.50 and Ohio Administrative Code Chapter 3701-69. Your SSN may be used for purposes including, but not limited to, identification of obligators under child support orders and verification of identity.

By signing below, I solemnly swear that the answers I have given on this application and all other information submitted, including training certificate(s) and all appropriate attachments, whether provided in print, in writing or by other means, are accurate, complete and true to the best of my knowledge.

**Knowingly making a false statement or knowingly swearing or affirming the truth of a false statement previously made in order to gain approval is a criminal offense. See Ohio Revised Code section 2921.13.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Keep a copy of your application for your files!**

Please send all future correspondence to:  
 Ohio Department of Health – Radon Licensing  
 246 North High Street, 7<sup>th</sup> Floor, 35 Building, Columbus, Ohio 43215