



New Jersey Department of Environmental Protection  
Division of Climate, Clean Energy and Radiation Protection  
Bureau of Environmental Radiation  
Radon Section  
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<b><u>NJDEP USE ONLY</u></b>	
<b>Date Received</b>	_____
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<b>Check or MO#</b>	_____
<b>Amount</b>	_____

**RADON PROFESSIONAL INITIAL CERTIFICATION APPLICATION**

Date: \_\_\_\_\_

Please check one: **Specialist - \$150**

**Technician - \$75**

Measurement \_\_\_\_\_

Measurement \_\_\_\_\_

Mitigation \_\_\_\_\_

Mitigation \_\_\_\_\_

**A. PERSONAL INFORMATION**

**1. Name:** Mr.  Mrs.   
Miss  Ms.

\_\_\_\_\_  
(Last) (First)

**2. Social Security #:**

\_\_\_\_\_

**3. Home Mailing Address:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (County) (State) (Zip)

**4. Home Physical Address:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (County) (State) (Zip)

**5. Employer Business Name:**

\_\_\_\_\_

**6. Employer Address:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**7. Business Telephone Number:**

\_\_\_\_\_  
(Extension)

**8. Business Fax Number:**

\_\_\_\_\_

**9. Home Telephone Number:**

\_\_\_\_\_

**A. PERSONAL INFORMATION (continued)**

10. E-mail Address: \_\_\_\_\_

11. Other Telephone Number: \_\_\_\_\_  
(Extension)

12. Other Fax Number: \_\_\_\_\_

13. Other E-mail Address: \_\_\_\_\_

**B. CERTIFIED BUSINESS INFORMATION (for measurement professionals only)  
Name(s) of certified business(es) for which applicant will be a certified measurement technician or specialist**

1. \_\_\_\_\_

2. \_\_\_\_\_

**C. ATTACHMENTS**

**Measurement Specialist (per N.J.A.C. 7:28-27.10)**

1. College transcript
2. Resume or other documentation of radiation work experience
3. Training course certificate (24 hours)
4. Exam results (**New Jersey Radon Measurement Specialist Exam taken through PSI** – if you take the NRPP Residential Radon Measurement Provider Exam it will **NOT** be accepted – see NJ professional initial certification application instructions for details)
5. Letter from each business listed in B. above

**Measurement Technician (per N.J.A.C. 7:28-27.13)**

3. Training course certificate (16 hours)
4. Exam results (**New Jersey Radon Measurement Technician Exam taken through PSI** – if you take the NRPP Residential Radon Measurement Provider Exam it will **NOT** be accepted – see NJ professional initial certification application instructions for details)
5. Letter from each business listed in B. above

**Mitigation Specialist (per N.J.A.C. 7:28-27.16)**

1. College transcript
2. Resume or other documentation of work experience
3. Training course certificate (24 hours)
4. Exam results (**New Jersey Radon Mitigation Specialist Exam taken through PSI** – if you take the NRPP Residential Radon Mitigation Provider Exam it will **NOT** be accepted – see NJ professional initial certification application instructions for details)
5. Letter from each business listed in B. above

**Mitigation Technician (per N.J.A.C. 7:28-27.19)**

2. Resume or other documentation of work experience
3. Training course certificate (16 hours)

- 4. Exam results (**New Jersey Radon Mitigation Technician Exam taken through PSI** – if you take the NRPP Residential Radon Mitigation Provider Exam it will **NOT** be accepted – see NJ professional initial certification application instructions for details)
- 5. Letter from each business listed in B. above

**IF YOU WERE PREVIOUSLY FULLY CERTIFIED AND HAVE EXPIRED**

**Provide the following attachments:**

- 3. **Training Course Certificate:** Proof that a DEP-accepted continuing education course was successfully completed, 8 hours for a Specialist, 4 hours for a Technician
- 5. **Letters from business(es):** Letter from each business listed in B. above

**IF YOU WERE PREVIOUSLY PROVISIONALLY CERTIFIED AND HAVE EXPIRED**

**Provide the following attachments:**

- Experience letter:** A letter must from a certified radon business stating the successful completion of six months of radon work experience.
- 5. **Letter(s) from business(es):** Letter from each business listed in B. above

**D. CERTIFICATION SIGNATORIES**

*I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.*

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Title)

This application must be executed before an individual authorized by law to administer oaths.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Administering Oath

\_\_\_\_\_  
Notary: stamp, print or type name and commission expiration date