



APPLICATION FOR RADON LABORATORY LICENSE

State Form 53044 (R / 2-23)
INDIANA DEPARTMENT OF HEALTH

- INSTRUCTIONS:**
1. This is the radon certification application necessary to satisfy the requirements of 410 IAC 5.1-1-22. You must be licensed before you test, analyze or mitigate for radon-222 in Indiana. Submit the complete and accurate application, the appropriate fee(s) and proof of successful completion and current listing on the National Radon Proficiency Program (NRPP) or the National Radon Safety Board (NRSB), to be considered for Indiana licensing. See the Indiana Radon Rule 410 IAC 5.1 for additional information.
 2. Type or clearly print all information.
 3. Make personal check or money order payable to: Indiana Department of Health.
 4. Enclose a copy of your current EPA National Radon Laboratory certification.
Examples: Contact either the AARST – National Radon Proficiency Program (<http://aarst-nrpp.com>) or National Radon Safety Board (www.nrsb.org) for details.
 5. Enclose evidence that the calibration and accuracy tests are current and within acceptable parameters.
 6. Enclose a quality assurance plan meeting the requirements of ANSI/AARST “Radon Measurement Systems Quality Assurance” (ANSI/AARST MS-QA) or NRSB “Radon Measurement Systems Quality Assurance”.
 7. Send the completed form to:
**Indiana Department of Health
Attention: Lead and Healthy Homes
2 North Meridian Street, 7th Floor
Indianapolis, Indiana 46204**
 8. Allow two (2) weeks for processing. If you have any questions, please call the Radon Hotline at 800-272-9723 and ask for the Radon Coordinator.

| LABORATORY INFORMATION | | | |
|---|--|-------------------|-------------|
| 1. Last Name | 2. First Name | 3. Middle Initial | |
| 4. Company Name | 5. Company E-mail Address | | |
| 6. Company Address (number and street) | 7. City | 8. State | 9. ZIP Code |
| 10. NRPP or NRSB Laboratory Identification Number | 11. Telephone Number ____ - ____ - ____ | | |

| NAME OF RESPONSIBLE PARTY FOR THE LABORATORY | | |
|--|--|--------------------|
| 12. Last Name | 13. First Name | 14. Middle Initial |
| 15. NRPP or NRSB Residential Measurement Identification Number | 16. Certification Expiration Date (month, day, year) | |
| <i>The individual must be a full-time employee or employer who shall be responsible for all laboratory activities (as outlined in 410 IAC 5.1-1-24 and 5.1-1-26.</i> | | |

| RADON MEASUREMENT SERVICES |
|---|
| A. Radioactive Materials Registration Number: _____ |
| B. Provide proof of a bachelor's degree from an accredited university or college in the physical sciences, engineering, or a related field. OR Provide proof of a minimum of two (2) years of full-time experience in radiation measurement. |

FOR RE-LICENSING

Follow the instructions in this section only if the facility is currently licensed with the Indiana Department of Health and wants to renew any license(s). Provide proof of continuing education that was completed within the prior two (2) years and was obtained as follows:

Provide proof of your current NRPP or NRSB Certification. Contact either the National Radon Proficiency Program (<http://aarst-nrpp.com>) or the National Radon Safety Board (www.nrsb.org) for details.

| | |
|---|------------------------------------|
| <input type="checkbox"/> Check here if applying for re-licensing. | Previous Indiana License Number(s) |
|---|------------------------------------|

CERTIFICATION AND SIGNATURE

I have also read and agree to adhere to: [check the appropriate category(s)]:

- EPA's current protocols for "Indoor Radon and Radon Decay Product Measurement Standards"
- EPA's current protocols for "Radon Mitigation Standards"

► IMPORTANT

Allow two (2) weeks for processing of a **complete application package** and receipt of your license(s).

Make sure you have completed all appropriate sections of this application and have included all required addenda. Sign and date the application, return it to the **Cashier** address shown on page one (1) of this application. Applications which are incomplete or contain errors in response to any questions on the form will be returned and will result in a delay in processing and issuance of your license(s).

All information requested on this application is mandatory for the administration and processing of your license application pursuant to 410 IAC 5.1.

I hereby certify that there are no misrepresentations in, or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with all protocols and current requirements as outlined within federal or state radon-related regulations may result in civil and/or criminal penalties.

| | |
|------------------------|--|
| Signature of applicant | Date signed (mm/dd/yyyy) ____/____/____ |
|------------------------|--|

If your contact information changes, you must notify the Indiana Radon Hotline (800) 272-9723 of your new information. Failure to do so will result in a delay in licensing. Omission of any of the required documents or incomplete or erroneous information will result in your application being returned to you and a delay in licensing.