

RADON LICENSING APPLICATION FOR INDIVIDUALS

**WEST VIRGINIA BUREAU FOR PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH SERVICES
RADIATION, TOXICS AND INDOOR AIR DIVISION
CERTIFICATION AND LICENSING PROGRAM
350 CAPITOL STREET
ROOM 313
CHARLESTON, WEST VIRGINIA 25301-3713
TELEPHONE (304) 558-2981 FAX (304) 558-0524**

A. General information (Follow the instructions below. Incomplete application cannot be processed.)

1. Type or print legibly in blue ink. Complete sections A and B.
2. Attach required documentation:
 - a. A copy of NEHA or NRSB certification for licensing category.
 - b. A separate application form for each license category.
3. Attach check or money order payable to the West Virginia Bureau for Public Health. Tax is not applicable. We do not accept cash or credit cards.
4. Submit application, documentation, and check or money order to the above address.
5. License Category and Fee Schedule:

Radon Mitigation Specialist	\$100.00	Radon Tester	\$ 50.00
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Name of Applicant _____ Date of Birth _____

Social Security Number _____ Drivers License Number (State) _____

Address _____

City _____ County _____ State _____ Zip _____

Home Telephone:(_____) _____ Work Telephone :(_____) _____

Employer _____ Address _____

City _____ State _____ Zip _____

LICENSE CATEGORY _____ **FEE \$** _____

B. Applicant Attest

In accordance with Chapter 16, Article 34 of the Code of West Virginia and the applicable promulgated rules, I hereby certify that all submitted information is true and correct and that I am familiar with all applicable licensing requirements.

Signature of Applicant, Owner, Executive Officer, Agent _____ Date _____

Title: _____

C. Health Department Use Only

Fee:

App. No. _____

Paid By _____

Approved By _____ Date _____

Amount Paid _____

Denied By _____ Date _____

Check Number _____

Issue Date _____ Exp. Date _____

Date of Check _____

Mailed To _____

Date _____