



ILLINOIS EMERGENCY MANAGEMENT AGENCY
DIVISION OF NUCLEAR SAFETY

RDNREG
0430

FEE RECEIVED _____
Check # _____

Application for Laboratory Analysis License

This state agency is requesting disclosure of information that is necessary to establish compliance with 32 Illinois Administrative Code 422. Disclosure of this information is REQUIRED. Failure to provide any information may result in denial of a laboratory analysis license.

Laboratory Name: _____

Business Address: _____

City, State, Zip: _____

FEIN: _____

Name and Home Address of individual responsible for lab activities in accordance with 32 Ill. Adm. Code 422.60 (e):

Name: _____

Addr: _____

City: _____

State, Zip: _____

Phone: _____

Business Information:

Phone: _____

Fax: _____

E-mail: _____

web addr: _____

INCLUSIONS

Review your application material to ensure that it is complete in accordance with 32 Ill. Adm. Code 422.60 (e). The following items must be included in your application package.

Appropriate Fee of \$500.00 in accordance with 32 Ill. Adm. Code 422.100.

Copy of your Quality Assurance Program or Certificate of enrollment in independent third party accreditation / certification program in accordance with 32 Ill. Adm. Code 422.60 (e).

A description of all measurement devices used and services offered in accordance with 32 Ill. Adm. Code 422.60 (e).

Devices Used

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AC | <input type="checkbox"/> AT | <input type="checkbox"/> LS | <input type="checkbox"/> CR |
| <input type="checkbox"/> PB | <input type="checkbox"/> SC | <input type="checkbox"/> EL | <input type="checkbox"/> ES |
| <input type="checkbox"/> UT | <input type="checkbox"/> GB | <input type="checkbox"/> GC | <input type="checkbox"/> GS |
| <input type="checkbox"/> RP | <input type="checkbox"/> CW | | |

Services Offered

- Analysis of passive measurement devices
- Calibration
- Known Exposure Measurements (Spikes)
- Other: _____

CERTIFICATION / AGREEMENT

I agree to abide by all the rules and regulations of the Illinois Emergency Management Agency, and to permit the Agency, or its duly authorized representative, at all reasonable times, to inspect my laboratory records.

Applicant Signature _____ Date _____

BEFORE YOU MAIL YOUR APPLICATION

1. Have all questions on the application been answered?
2. Is your application signed?
3. Have you included the appropriate fee?

SEND TO:

Illinois Emergency Management Agency
 Division of Nuclear Safety - Fee Compliance
 1035 Outer Park Drive
 Springfield, IL 62704

Omission of any one of the required documents or incomplete information may result in a delay of your license.

If you have any questions please call:
 Website Address - URL:

(217) 782-1325
<http://www.radon.illinois.gov>