ILLINOIS EMERGENCY MANAGEMENT AGENCY
DIVISION OF NUCLEAR SAFETY

RDNREG
0430

FEE RECEIVED _____

Check # _____

Application for Radon Technician 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 radon professional license.

License Application Type: ☐ Measurement Technician
☐ Mitigation Technician

Applicant Name: _____

Business Name: _____

Business Address: _____

City, State, Zip: _____

Social Security #: _____

Home Address Information:

Addr: _____

City: _____

State, Zip: _____

Phone: _____

Cell: _____

Date of Birth: _____

Business Information:

FEIN: _____

Phone: _____

Fax: _____

E-mail: _____

web addr: _____

Service Counties: (Please provide-attach list if necessary)

If you answer yes to any of the following questions, please provide a complete explanation on a separate sheet.

1. Have you ever been convicted of a felony? ☐ Yes ☐ No
2. Have you ever had a radon measurement or mitigation listing, license or registration denied or revoked? ☐ Yes ☐ No
3. Have you been informed of a formal complaint against you related to your measurement or mitigation business? ☐ Yes ☐ No
4. Have you ever failed to file a return or to pay the tax, penalty, or interest as shown in a filed return or as required by a tax Act administered by the Department of Revenue? ☐ Yes ☐ No
5. Do you have a drug or alcohol problem that would impair your ability to perform licensed activities? ☐ Yes ☐ No

INCLUSIONS

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

1. Evidence of completing an Agency approved radon course
2. Evidence of receiving a passing score on an Agency approved proficiency examination
3. Appropriate Fee of $125.00 in accordance with 32 Ill. Adm. Code 422.100. (Cash is NOT accepted)

Professional Statement of Responsibility
I will provide general supervision and personally review all measurements or mitigations performed by this applicant. In addition, I will ensure the applicant abides by all the rules and regulations of the Illinois Emergency Management Agency and performs in accordance with my IEMA approved Quality Assurance Program.

Professionals Printed Name _____ License Number _____

Professionals Signature _____ Date _____

CERTIFICATION / AGREEMENT

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the application and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

I also 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 measurement or mitigation records and mitigation installations.

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 your course completion certificate?
4. Have you included your examination score report?
5. Have you included the appropriate fee?

Omission of any one of the required documents or incomplete information

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

If you have any questions please call: (217) 782-1325
Website Address - URL: http://www.radon.illinois.gov

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