

STATE OF ILLINOIS
ILLINOIS EMERGENCY MANAGEMENT AGENCY
APPLICATION FOR RADON MEASUREMENT LICENSE
DIVISION OF NUCLEAR SAFETY
RADON PROGRAM

Complete all items required for the license category desired. Use supplementary sheets where necessary. Retain one copy and submit the original to: Illinois Emergency Management Agency, Division of Nuclear Safety, 1035 Outer Park Drive, Springfield, IL 62704, ATTN: Accounts Payable-Radon. The license application fee is NON-REFUNDABLE. If you have any questions contact the Radon Program at (800) 325-1245.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 32 Illinois Administrative Code 422. Disclosure of this information is REQUIRED. Failure to provide any information may result in denial of a radon measurement license.

ITEM 1 Type of License (Applies to all applicants)	(Check One)
<input type="checkbox"/> Radon Measurement Professional	<input type="checkbox"/> Initial
<input type="checkbox"/> Radon Measurement Technician	<input type="checkbox"/> Renewal
	<input type="checkbox"/> Amendment
Describe amendment requested. _____	

ITEM 2 Applicant Information	(Applies to all applicants)
Social Security No.:	_____
Date of Birth:	_____
Applicant Name:	_____
Home Address:	_____
City, State, Zip Code:	_____
Home Telephone:	_____

ITEM 3 Firm / Employer Information	(Applies to all applicants)
Firm / Employers FIEN:	_____
Firm / Employer Name:	_____
Business Address:	_____
City, State, Zip Code:	_____
Primary Service County:	_____
Business Telephone:	_____
Cell Phone:	_____
Business Fax:	_____
Web Address:	_____
Email Address:	_____

ITEM 4 Certification	(Applies to all applicants)
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 records and measurements.	
_____	_____
Applicant's Signature	Date

FOR FINANCE USE ONLY
Check No.: _____
Fee Paid: _____
Received: _____
FOR FINANCE USE ONLY

FOR RADON PROGRAM USE ONLY
<u>Professional</u>
<input type="checkbox"/> Quality Assurance Program
<input type="checkbox"/> Worker Protection Plan
<input type="checkbox"/> Course Certificate
<input type="checkbox"/> Examination Score Report
<input type="checkbox"/> Continue Education
<input type="checkbox"/> Receipt Letter Sent
<input type="checkbox"/> Timely Letter Sent
<u>Technician</u>
<input type="checkbox"/> Course Certificate
<input type="checkbox"/> Examination Score Report
<input type="checkbox"/> Continuing Education
Date: _____
FOR RADON PROGRAM USE ONLY

Applicant's Name: _____

Date: _____

Initial

Renewal

ITEM 5 Public Safety (Applies to all applicants) (Check One)

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

1. Have you ever been convicted of a felony or misdemeanor? Yes No
2. Have you been denied or had a listing, license or registration for radon measurement revoked? Yes No
3. Have you been informed of a formal complaint against you related to your measurement 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 an alcohol problem that would impair your ability to perform the licensed activities? Yes No
6. Have you defaulted on an educational loan guaranteed by the Illinois State Scholarship Commission / Illinois Student Assistance Commission? Yes No

ITEM 6 (Applies to individuals applying for a professional license) Work Experience and Education

Review your application material to ensure that it is complete in accordance with 32 Illinois Administrative Code, Part 422.60 a). The following items must be included in your application package.

- Initial Application Evidence of relevant work experience and education in accordance with 422.60 a) 2).
- Initial Application Course certificate proving successful completion of a qualification course approved by the Agency in accordance with 422.60 a) 3).
- Initial Application Illinois Radon Measurement License Examination Score Report or an equivalent approved by the Agency in accordance with 422.60 a) 4).
- Initial & Renewal Application Copies of your Worker Protection Plan and Quality Assurance Program in accordance with 422.60 a) 5).
- Renewal Application Evidence of meeting the continuing education requirements in accordance with 422.60 a) 6).

The appropriate fees shall accompany the application when filed with the Agency. The license application fee shall be non-refundable.

ITEM 7 (Applies to individuals applying for a technician license) Work Experience and Education

Review your application material to ensure that it is complete in accordance with 32 Illinois Administrative Code, Part 422.60 b). The following items must be included in your application package.

- Initial Application Course certificate proving successful completion of a qualification course approved by the Department in accordance with 422.60 b) 2).
- Initial Application Illinois Radon Measurement License Examination Score Report or an equivalent approved by the Agency in accordance with 422.60 b) 3).
- Renewal Application Evidence of meeting the continuing education requirements in accordance with 422.60 b) 4).

The appropriate fees shall accompany the application when filed with the Agency. The license application fee shall be non-refundable.

Professional Statement of Responsibility (Required)

I will provide general supervision and personally review all measurements performed by this applicant. In addition, I will ensure the applicant abides by all the rules and regulations of the Illinois Emergency Management Agency, Division of Nuclear Safety and performs in accordance with my firm's Worker Protection Plan and Quality Assurance Program.

Printed Professional's Name

License Number

Professional's Signature

Date