



APPLICATION FOR RADON REGISTRATION GENERAL INFORMATION:
LABS/TESTERS FORM & MITIGATORS FORM

ITEM 1

1. Company name, address, and phone number: If the company has a National Radon Proficiency Program (NRPP) or National Radon Safety Board (NRSB) Proficiency Program listing, also include that ID number.
2. Labs/Testers: Labs (L) are companies that can analyze (evaluate) radon test devices using stationary or portable analysis equipment. Testers (T) are companies that collect radon measurements but cannot analyze them.
3. Quality Assurance Plans: Required for all Labs and Testers. All QA plans should be in the format described in the National Radon Proficiency Program Guidance on Quality Assurance (EPA 402-R-95-012, October 1997) Chapter 9. Those companies that have NRPP or NRSB listings can submit the QA plans provided to those organizations. Note: Testers that will not be testing rental buildings may request a 60 day extension to finalize and submit the QA plan, but must submit their Standard Operating Procedure (including information on device type that will be used) with the application.
4. Proof of Proficiency: Required for all radon Labs (including testers using direct read continuous monitors and electret readers).

ITEM 2

Applicable only if a principal (owner) in the company also performs on-site radon services. Only one principal of the company that performs on-site services is covered by the company registration. Other principals and on-site staff must register separately in items 3 or 4.

ITEM 3 (and ITEM 2)

Proof of radon in air training (testing or mitigation) consists of a copy of the certificate of completion for an approved radon air course and a copy of the passing grade and results breakdown for either the NRPP or NRSB exams. Proof of water training (testing or mitigation) consists of a copy of the certificate of course completion for the approved radon in water course.

ITEM 4

All Supervised radon testers or mitigators must have a fully trained individual (can be a Principal or Registered individual) specified as their supervisor, and has a very limited scope of work. See the Maine Air and Water Radon Service Provider Registration Rules, Part A, Section 4.B.v. for additional information and required statements; a model statement template is on page 4 of this package.

SEND COMPLETED APPLICATION AND NON-REFUNDABLE REGISTRATION FEES TO:

RADON SERVICE PROVIDER REGISTRATION
RADIATION CONTROL PROGRAM
#11 STATE HOUSE STATION
AUGUSTA, ME 04333-0011

PLEASE MAKE CHECKS PAYABLE TO: *Treasurer, State of Maine*

PLEASE NOTE: The Maine radon registration year is from October 1 to September 30. When applying for initial registration after April 1 and before July 31, the non-refundable fees for that registration year are pro-rated by half. No applications for initial radon service provider registration will be processed during August or September.

Revised 06/09/2014

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APPLICATION FORM FOR
INDIVIDUALS AND COMPANIES PERFORMING RADON SERVICES
WITHIN THE STATE OF MAINE

CATEGORY I. RADON TESTERS AND EVALUATORS (Labs)

1. Name, address and phone number of the company performing testing services. Please signify if the company is a Lab (L) or Tester (T) for air or water radon (or both), by inserting the correct letter in the Air or Water column. If the company is a Tester, please list the name and Maine identification number of the Lab that will perform the analysis. Attach a Quality Assurance Plan which includes each radon device used/analyzed; and all Labs must attach Proof of Proficiency. **Note:** A home inspector/tester using a direct reading continuous monitor is considered a Lab.

Company Name: _____

AIR WATER

Address: _____

Telephone #: _____ NRPP/NRSB #: _____

COMPANY FEE: \$150.00/year**

Laboratory Name(s): _____

(Prorated Fee \$75)

Laboratory Maine ID #(s): _____

E-mail address: _____

2. Principal (owner) of the company performing on-site work. Attach proof of air and/or water radon testing training as applicable:

AIR WATER

Name: _____

NO PRINCIPAL FEE

3. On-site Employees performing radon testing services. Attach proof of air and/or water radon testing training as applicable:

AIR WATER

a. Name: _____

b. Name: _____

c. Name: _____

d. Name: _____

ON-SITE EMPLOYEE FEE
\$150 EACH/YEAR**

(Prorated Fee \$75)

4. Supervised Employees. Attach required statements for each:

AIR WATER

a. Name: _____

b. Name: _____

c. Name: _____

d. Name: _____

SUPERVISED EMPLOYEE FEE: \$100 EACH/YEAR**

(Prorated Fee \$50)

TOTAL NON-REFUNDABLE FEES- RADON TESTERS/EVALUATORS: \$ _____

“The company and individuals identified on this application understand and agree to abide by all Maine radon service provider regulations and requirements and related laws and regulations; and understand that failure to abide by these relevant Maine laws and regulations will result in suspension or revocation of Maine radon service provider registration in addition to all other penalties may also apply.”

Printed Name and title of authorized individual

Signature

Date

**The Registration year is Oct. 1 to Sept. 30. Fees are prorated at the half year point (April 1)

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CATEGORY II. RADON MITIGATORS

1. Name, address and phone number of the company performing mitigation services. Please mark (X) if the company mitigates radon in air or water (or both). Attach proof (copy of course completion certificates and exam results) of air or water mitigation training, as applicable.

Company Name: _____	AIR	WATER	
Address: _____	_____	_____	
Telephone #: _____	NRPP/NRSB #: _____		COMPANY FEE: \$75.00**
E-mail address: _____			(Prorated Fee \$37.50)

4. Principal of the company performing on-site work. Attach proof of air and/or water radon mitigation training as applicable:

Name: _____	AIR	WATER	
	_____	_____	
	<u>NO PRINCIPAL FEE</u>		

5. On-site Employees performing radon mitigation services. Attach proof of air and/or water radon mitigation training as applicable:

a. Name: _____	AIR	WATER	
b. Name: _____	_____	_____	
c. Name: _____	_____	_____	
d. Name: _____	_____	_____	
	<u>ON-SITE EMPLOYEE FEE</u>		
	<u>\$75.00 EACH**</u>		
			(Prorated Fee \$37.50)

4. Supervised Employees. Attach required statements for each:

a. Name: _____	AIR	WATER	
b. Name: _____	_____	_____	
c. Name: _____	_____	_____	
d. Name: _____	_____	_____	
	<u>SUPERVISED EMPLOYEE FEE</u>		
	<u>\$50.00 EACH**</u>		
			(Prorated Fee \$25)

TOTAL NON-REFUNDABLE FEES FEES – RADON MITIGATORS: \$ _____

“The company and individuals identified on this application understand and agree to abide by all Maine radon service provider regulations and requirements and related laws and regulations; and understand that failure to abide by these relevant Maine laws and regulations will result in suspension or revocation of Maine radon service provider registration in addition to all other penalties may also apply.”

Printed Name and title of authorized individual	Signature	Date
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**The Registration period is Oct. 1 to Sept. 30. Fees are prorated at the half year point (April 1)

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WITHIN THE STATE OF MAINE

Supervised Employee Information and Statements

_____ is a supervised radon worker and is not trained in the radon work for which he/she is registered. When performing radon work, he/she operates under supervision in a client's building, has no decision making authority, does not assist in planning the activities to take place at the work site, operates from a "cookbook" list of instructions that he/she is not permitted to deviate from in any way, and any problems or deviations from the planned activity at each individual work site will be handled in person and on site by the supervisor.

The person supervising and responsible for all radon work done by this supervised radon worker is:

(Supervising Individual Printed Name)

Radon Service(s) to be provided

Name of company employing both the Supervising individual and the supervised radon worker:

"I understand I am responsible for supervising the above named supervised radon worker; understand the limits of supervised radon workers; have completed all required training to become a Maine registered radon service provider and provide the above specified radon services in Maine; and am applying for the appropriate Maine Radon Service Provider Registration."

Signature of Supervising individual

Date

Radon Section Use Only:

Company radon registration: _____

Supervisor radon registration ID: _____

Supervised employee radon registration ID: _____