



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had a radon measurement or mitigation listing, license or registration denied or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been informed of a formal complaint against you related to your measurement or mitigation business?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have a drug or alcohol problem that would impair your ability to perform licensed activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

Appropriate Fee of \$125.00 in accordance with 32 Ill. Adm. Code 422.100

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 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.state.il.us/idns>