



**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>