

EFFECTIVE DATE
JANUARY 28, 2007

RADON BUSINESS LICENSE APPLICATION

PER Title 180, Regulations for Control of Radiation, Chapter 11, Requirements for Radon and Radon Progeny Measurement and Mitigation Services

APPLICATION FOR: (Check only one)

RADON MEASUREMENT BUSINESS

RADON MITIGATION BUSINESS

PART I. APPLICANT INFORMATION

Name of Applicant _____

Name of Business _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers Phone _____ FAX _____

E-Mail Address _____

PART II. RADON MEASUREMENT BUSINESS

Analytical Laboratories to Be Used

Name of Laboratory

Name of Laboratory

Street Address

Street Address

City State Zip Code

City State Zip Code

Attachments

____ Description of all radon measurement techniques and services offered, the purpose of each service, the type of measurement equipment, a summary of the procedure to be used, and an explanation of how that equipment and procedure will meet the intended purpose.

____ Copies of licenses of all radon measurement specialists and technicians employed or used as consultants.

____ Description of the quality assurance and quality control plans for each service and technique provided.

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_____ Sample copy of all reporting forms used to inform clients of measurement results, including any guidance concerning the need for further measurements or mitigation.

_____ Description of the health and safety program to estimate employees' exposure to radon during employment.

Fees

Determine the month in which you are submitting your application. Pay the amount in the corresponding box. All fees are nonrefundable except as provided by law.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
\$50	\$50	\$50	\$100	\$100	\$100	\$100	\$100	\$100	\$50	\$50	\$50

PART III. RADON MITIGATION BUSINESS

Licensed Radon Measurement Businesses and Specialists to Be Used

_____ Name of Laboratory

_____ Name of Laboratory

_____ Street Address

_____ Street Address

_____ City State Zip Code

_____ City State Zip Code

Attachments

_____ Description of all mitigation materials and systems offered, diagnostic tests performed, and other related services.

_____ Description of procedures and instruments used to perform diagnostic tests.

_____ Copies of licenses of all radon mitigation specialists and technicians employed or used as consultants.

_____ Sample copy of each reporting form given to clients.

_____ Description of the health and safety program to estimate employees' exposure to radon during employment.

Fees

Determine the month in which you are submitting your application. Pay the amount in the corresponding box. All fees are nonrefundable except as provided by law.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
\$125	\$125	\$125	\$250	\$250	\$250	\$250	\$250	\$250	\$125	\$125	\$125

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PART IV. ATTESTATION

I attest that this application has been prepared in accordance with 180 NAC 11, Requirements for Radon and Radon Progeny Measurement and Mitigation Services and all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Send your letter of application, attachments and appropriate fee (See 180 NAC 11-017), with **check(s) made payable to Nebraska Department of Health and Human Services Regulation and Licensure** to:

Nebraska Radon Program
NDHHS-R&L
P.O. Box 95007
301 Centennial Mall South
Lincoln, NE 68509-5007

Omission of any of the required documents or incomplete information will delay review of your application and issuance of a license.