

Radon Certification Verification Form

Prior to providing radon services in California, section 106780 of the California Health and Safety Code requires that a person must have the appropriate certificate(s) issued by the National Radon Proficiency Program and or the National Radon Safety Board and must submit a copy of the certificate(s) to the department prior to offering or providing radon services. Please complete this form and enclose a copy of your certificate(s) if you or your business intends to provide radon services as specified in section 106775 of the California Health and Safety Code.

Submit a copy of your certification verification form and certificate(s) by Email Radonprogram@cdph.ca.gov , Fax (916) 449-5665, or mail: California Department of Public Health, Indoor Radon Program MS 7404, P.O. Box 997377, Sacramento, CA, 95899-7377.

Should you have questions, contact the Radon Program Manager at 1-800-745-7236 or (916) 449-5674.

NOTE: The verification process will not proceed until all of the information has been received. Complete this form and submit along with the required certification(s) and documentation to the address above. New or updated information will post within 14 days of receipt of this form.

First Name _____ Middle Initial _____ Last Name _____ County _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone _____ FAX _____
 Business _____ Title _____

► **Indicate below your certification(s), certification number(s), and expiration date of certification(s)**

National Radon Safety Board Certifications			National Radon Proficiency Program Certifications		
Type of Certification	Certificate Number	Expiration Date	Type of Certification	Certificate Number	Expiration Date
Radon Measurement Technician	_____	_____	Residential Measurement Provider Standard	_____	_____
Radon Measurement Specialist	_____	_____	Residential Measurement Provider Standard and Analytical	_____	_____
Radon Remediation Technician	_____	_____	Residential Mitigation Provider	_____	_____
Radon Remediation Specialist	_____	_____	Radon Laboratory	_____	_____
Accredited Radon Laboratory	_____	_____			

Please enclose a copy of your certificate(s)

I declare under penalty of law that the information I have provided is true.

_____ Date _____

Signed By _____

Persons certified to provide radon services shall successfully complete and submit to the department proof of completion of the National Radon Proficiency Program or the National Radon Safety Board Certified Radon Professional Program every two years after initial certification. **Failure to comply will result in the removal of your name from the department's list of certified radon service providers**