

RADON REGISTRATION CHANGE
FORM TO ADD AN EMPLOYEE
GENERAL INSTRUCTIONS

ITEM 1

1. List company name, address, phone number, and Maine Radon Service Provider Registration ID.

ITEM 2

Applicable only if a principal (owner) in the company who performs on-site radon services is being changed. Include only the name of the new principal and the services they will provide; and proof of all required training.

ITEM 3

Applicable only when adding employees who have completed the required radon specific training to provide radon services without supervision. Provide proof of radon required training. Proof of radon in air training 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 NEHA or NRSB exams. Proof of radon in water training consists of a copy of the certificate of course completion for the approved radon in water course.

ITEM 4

Applicable only when adding employees who have not completed the required radon specific training to provide radon services without supervision. Supervised radon testers or mitigators must have a fully trained individual who is registered with the company 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.

SEND COMPLETED FORM AND 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*

Revised 08/24/2009

APPLICATION FORM FOR ADDING AN EMPLOYEE
TOA MAINE REGISTERED RADON TESTING COMPANY

CATEGORY I. RADON TESTERS AND EVALUATORS (Labs)

1. Name, address, phone number, and Maine radon registration ID number of the company performing testing services.

Company Name: _____

Address: _____

Telephone #: _____

Maine Radon Registration ID #: _____

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

Name: _____

AIR WATER

NO PRINCIPAL FEE

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

a. Name: _____

b. Name: _____

c. Name: _____

d. Name: _____

AIR WATER

ON-SITE EMPLOYEE FEE

\$150 EACH/YEAR**

(Prorated Fee \$75)

4. Supervised Employees. Attach required statements and supervisor information for each:

a. Name: _____

b. Name: _____

c. Name: _____

d. Name: _____

AIR WATER

SUPERVISED EMPLOYEE FEE

\$100 EACH/YEAR**

(Prorated Fee \$50)

TOTAL FEES – RADON TESTERS/EVALUATORS: \$ _____

“The company and individuals identified on this form 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 period is Oct. 1 to Sept. 30. Fees are prorated at the half year point (April 1)

Revised 08/24/2009

APPLICATION FORM FOR ADDING AN EMPLOYEE
TOA MAINE REGISTERED RADON TESTING COMPANY

CATEGORY II. RADON MITIGATORS

1. Name, address, phone number, and Maine radon registration ID number of the company performing mitigation services.

Company Name: _____

Address: _____

Telephone #: _____

Maine Radon Registration ID #: _____

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

AIR WATER

Name: _____

NO PRINCIPAL FEE

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

AIR WATER

a. Name: _____

b. Name: _____

c. Name: _____

d. Name: _____

ON-SITE EMPLOYEE FEE

\$75.00 EACH**

(Prorated Fee \$37.50)

4. Supervised Employees. Attach required statements and supervisor information for each:

AIR WATER

a. Name: _____

b. Name: _____

c. Name: _____

d. Name: _____

SUPERVISED EMPLOYEE FEE

\$50.00 EACH**

(Prorated Fee \$25)

TOTAL 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

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

Revised 08/24/2009

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