ILLINOIS EMERGENCY MANAGEMENT AGENCY

DIVISION OF NUCLEAR SAFETY

RDNREG
0430

FEE RECEIVED _____

Check # _____

Application for Radon Licensing Exam

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 entry into the licensing exam.

License Exam Type: ☐ Measurement Exam ☐ Mitigation Exam

Prefix (Mr., Mrs., Ms.): _____

Applicant Name: _____
First MI Last

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Social Security #: _____

Date of Birth: _____

E-mail Address: _____

Business Information *(optional)*:

Business Name: _____

Address: _____

City: _____

State, Zip: _____

FEIN: _____

Phone: _____

Fax: _____

Web address: _____

2017 EXAM DATES PER LOCATION (Check One)

Springfield Dates (By Appointment)	Des Plaines Dates (Thursdays)
[ ] A Radon Program staff member will contact you to set a day and time to take the exam once your application and application fee have been received. In general, appointments are available Mondays-Thursdays, 9am-1pm. Please allow 2 hours for the exam. Exam can only be taken once every 28 days.	[ ] January 12 [ ] March 9 [ ] May 11 [ ] August 10 [ ] October 12 [ ] December 7

SPECIAL REQUIREMENTS

Do you have a physical or mental disability that requires reasonable accommodation in accordance with the Americans with Disabilities Act? [ ] Yes [ ] No

If yes, 30 days prior to the exam date provide a physician's statement of the disability that includes a list of the accommodation(s) that are needed to take the exam.

EXAM APPLICATION DEADLINE

For security reasons, IEMA must receive your complete application before 12:00 p.m. on the Thursday **two weeks** prior to the exam. For example: if the exam date is May 17, your complete application must be received no later than 12:00 p.m. May 3. Late arrivals will be scheduled for the following month's exam.

CERTIFICATION / AGREEMENT

I agree to abide by all the rules and regulations of the Illinois Emergency Management Agency related to the exam. I have enclosed a copy of my measurement / mitigation course completion certificate and the appropriate fee of $125.00 in accordance with 32 Ill. Adm. Code 422.100. (Cash is NOT accepted)

_____ _____

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 documents?
4. Have you included the appropriate fee?

Omission of any one of the required documents or incomplete information may result in a delay of your exam admission ticket being processed.

SEND TO: Illinois Emergency Management Agency
Division of Nuclear Safety – Fee Compliance
1035 Outer Park Drive
Springfield, IL 62704

If you have any questions please call: (217) 785-9933
Website Address - URL: http://www.radon.illinois.gov

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