



**ILLINOIS EMERGENCY MANAGEMENT AGENCY**  
**DIVISION OF NUCLEAR SAFETY**

RDNREG  
0430

FEE RECEIVED _____
Check # _____

**Application for Radon Professional 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 radon professional license.

License Application Type:     Measurement Professional  
     Mitigation Professional

Applicant Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

**Home Address Information:**

Addr: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**Business Information:**

FEIN: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 web addr: \_\_\_\_\_

**Service Counties:** (Please provide-attach list if necessary)

If you answer yes to any of the following questions, please provide a complete explanation on a separate sheet.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you ever been convicted of a felony?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever had a radon measurement or mitigation listing, license or registration denied or revoked?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you been informed of a formal complaint against you related to your measurement or mitigation business?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever failed to file a return or to pay the tax, penalty, or interest as shown in a filed return or as required by a tax Act administered by the Department of Revenue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you have a drug or alcohol problem that would impair your ability to perform licensed activities?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you defaulted on an educational loan guaranteed by the Illinois Student Assistance Commission?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**INCLUSIONS**

Review your application material to ensure that it is complete in accordance with 32 Ill. Adm. Code 422.60. The following items must be included in your renewal application package.

Appropriate Fee of \$125.00 in accordance with 32 Ill. Adm. Code 422.100

Copy of your Quality Assurance Program

Provide the location where your records will be maintained in accordance with 32 Ill. Adm. Code 422.50

Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**CERTIFICATION / AGREEMENT**

I certify, under penalty of perjury, that I am not more than 30 days delinquent in complying with a child support order. Failure to certify may result in a denial of the application and making a false statement may subject you to contempt of court. (5 ILCS 100/10-65)

I also 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 measurement or mitigation records and mitigation installations.

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: (217) 782-1325  
 Website Address - URL: <http://www.radon.illinois.gov>