

**Iowa Department of Public Health  
Bureau of Radiological Health  
Lucas State Office Building  
Des Moines, Iowa 50319-0075**

**Application for Radon Mitigation Credentialing**

Name of Individual or Company:	Address (street, state, zip code):
Date of Birth (mm/dd/yy):	Phone: (   )
*Social Security Number:	Email:
Owner(s) of Company (if different from above):	Address (if different from above):

**Purpose of Application and Fee (Check One)**

- Resident initial credentialing. If you are applying for initial credentialing, you must submit a non-refundable \$25 application fee plus a \$150 credentialing fee.
- Non-resident initial credentialing. If you are applying for initial credentialing, you must submit a non-refundable \$100 application fee plus a \$150 credentialing fee.
- Credentialing exam. For initial credentialing, you must submit a non-refundable \$125 fee prior to the examination.
- Renewal (check one):
  - a) \_\_\_\_ Number of mitigation system(s) installed during previous year with an installation cost greater than \$200.  
  

**Submit fee = \$\_\_\_\_\_ (number of systems x \$40)**
  - b) \_\_\_\_ Number of mitigation system(s) installed is less than four. **Submit fee of \$150.**

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**Required:**

1. Do you have a medical condition(s) which in any way may impair or limit your ability to perform as a radon tester? \_\_\_ yes \_\_\_ no  
*If yes, provide a description of your condition and submit a letter from a physician stating that your condition will not affect your ability to perform as a radon tester.*
  
2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substance(s)? \_\_\_ yes \_\_\_ no  
*If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status.*
  
3. Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony? (other than minor traffic violations with fines under \$100) You must answer “yes” even if the matter has been expunged from the record. \_\_\_ yes \_\_\_ no  
*If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.*
  
4. Has any state or jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license or certification issued to you? \_\_\_ yes \_\_\_ no  
*If yes, include date, location, reason and current status.*
  
5. Have you ever been found guilty of incompetence or negligence during your performance as a professional service provider? \_\_\_ yes \_\_\_ no  
*If yes, please explain.*

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6. Have you ever been sued as a professional service provider? \_\_\_ yes \_\_\_ no  
*If yes, please explain.*

1. I have enclosed a check or money order payable to the Iowa Department of Public Health.
2. If I am renewing my application, I have enclosed a notarized statement indicating the number of mitigation installations over \$200 and the appropriate calculated renewal fee.
3. I have enclosed the additional information required.
4. I hereby certify that all information in this application is true and complete.
5. I understand that all statements and representations made with the application are binding upon the applicant.

Printed Name:	Title:
Signature of Applicant:	Date:

*\*Privacy Act Notice: Disclosure of your Social Security number on this license application is required by 42 U.S.C. Section 666(a)(13) and Iowa Code Section 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees.*