



Bureau of Environmental Health
 Radon Program
**APPLICATION TO BECOME A RADON
 CERTIFICATION TRAINING COURSE PROVIDER**

 Business/Organization Providing Course

 Contact Person

 Address

 City State Zip

(_____) _____
 Work Phone Number

Type of Training to be Provided
 (Check one only - submit a separate application for each type of training.)

Radon Measurement Training
 (Specialist or Technician)

Radon Mitigation Training
 (Specialist or Technician)

PROPOSED COURSE INSTRUCTORS

NAME	ADDRESS	PHONE

Attachments:

- _____ Applicants must provide a copy of the proposed course agenda and all written and graphic training materials.
- _____ Attach a description of all equipment and instrumentation that will be used in the course.
- _____ Include a copy of all slides and other audio-visual material that will be used in the course and training manual.

Certification:

I certify that this application has been prepared in accordance with Chapter 64E-5, Florida Administrative Code, and that all information contained herein, including any supplements attached hereto, is true and correct.

 Signature of Applicant

 Date

Send application and attachments to:

By mail or surface delivery:
 Department of Health
 Bureau of Environmental Health
 Radon Program
 4052 Bald Cypress Way, Bin #A12
 Tallahassee, FL 32399-1720

By email:
radon.applications@flhealth.gov
 Please be aware the email attachment size limitations may block delivery of your application and supplemental materials.

<http://radon.floridahealth.gov>