

**RADON CONTRACTOR \ TRAINING FACILITY \ LABORATORY LICENSING  
APPLICATION**

**WEST VIRGINIA BUREAU FOR PUBLIC HEALTH  
OFFICE OF ENVIRONMENTAL HEALTH SERVICES  
RADIATION, TOXICS AND INDOOR AIR DIVISION  
CERTIFICATION AND LICENSING PROGRAM  
350 CAPITOL STREET  
ROOM 313  
CHARLESTON, WEST VIRGINIA 25301-3713  
TELEPHONE (304) 558-2981 FAX (304) 558-0524**

**A. General information (Follow the instructions below. Incomplete application cannot be processed.)**

1. Type or print legibly in blue ink. Complete sections A and B.
2. Attach required documentation.
  - a. A copy of EPA or West Virginia approved certificate for licensing category.
  - b. A separate application form for each license category.
  - c. For the Radon Contractor's license, the required information as outlined in WV 64 CSR 78-5 and a copy of the WV Department of Labor Contractor's License.
3. Attach check or money order payable to the West Virginia Bureau for Public Health. Tax is not applicable. We do not accept cash or credit cards.
4. Submit application, documentation, and check or money order to the above address.
5. License Category and Fee Schedule:

Radon Contractor \$100.00                      Radon Laboratory \$100.00                      Radon Training Facility \$ 50.00

Name of Firm \_\_\_\_\_

WV Tax Dept. # \_\_\_\_\_ WV Contractor # \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ **LICENSE CATEGORY** \_\_\_\_\_ **FEE \$** \_\_\_\_\_

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**B. Applicant Attest**

In accordance with Chapter 16, Article 34 of the Code of West Virginia and the applicable promulgated rules, I hereby certify that all submitted information is true and correct and that I am familiar with all applicable licensing requirements.

Signature of Applicant, Owner, Agent \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

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**C. Health Department Use Only**

App. No. \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Denied By \_\_\_\_\_ Date \_\_\_\_\_

Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Mailed To \_\_\_\_\_

**Fee:**

Paid by \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Date of Check \_\_\_\_\_

Date \_\_\_\_\_