

EFFECTIVE DATE
JANUARY 28, 2007

Radon Laboratory Approval Application

PER Title 180, Regulations for Control of Radiation, Chapter 11, Requirements for Radon and Radon Progeny Measurement and Mitigation Services

PART I. APPLICANT INFORMATION

Name of Applicant _____

Name of Business _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Numbers Phone _____ FAX _____

E-Mail Address _____

Is the laboratory participating in a national proficiency program? [] YES [] NO

If yes, complete information below.

Name of Proficiency

Program _____

Accreditation Number _____ Expiration

Date _____

- Provide a list by name, training, and experience of all specialists performing radon or radon progeny analysis.
- Attach completed measurement specialist application(s) and fee.
- Attach completed measurement business application and fee.
- Attach a description of the method used to calibrate radon measurement analysis instruments.

List instrumentation to be used for radon and/or radon progeny measurement. Attach additional sheets if necessary.

Type	Manufacturer	Model #	Serial #	Calibration frequency

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PART II. ATTESTATION

I attest that this application has been prepared in accordance with 180 NAC 11, Requirements for Radon and Radon Progeny Measurement and Mitigation Services and all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signature of Applicant
Date

Send your letter of application, attachments and appropriate fee (See 180 NAC 11-017), with **check(s) made payable to Nebraska Department of Health and Human Services Regulation and Licensure** to:

NDHHS-R&L Radon Program
P.O. Box 95007
301 Centennial Mall South
Lincoln, NE 68509-5007

Omission of any of the required documents or incomplete information will delay review of your application.