**Certification Amendment Request Form**



NJDEP USE ONLY

**Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assigned to \_\_\_\_\_\_\_\_\_\_\_**

New Jersey Department of Environmental Protection

Radon Section

Mail Code 25-01

PO Box 420

Trenton, New Jersey 08625-0420

Phone: (609) 984-5425

Fax: (609) 984-5595

**Radon Professional or Business Name:**

**Certification #:**       **Date:**

|  |
| --- |
| * List the requested application amendments in the table below,
* Complete and sign this form, and
* Submit any additional documentation of the change **in the order listed below.**

NOTE: Documentation consists of any information needed to update the certification such as the revised form, updated plan, etc. |
| **Statement of the Requested Amendment**  | **Documentation Attached**  | **NJDEP USE ONLY**  |
|  |  | **Date Amendment Approved** |
|       | [ ] Yes [ ] No |    /    /    |
|       | [ ] Yes [ ] No |    /    /    |
|       | [ ] Yes [ ] No |    /    /    |
|       | [ ] Yes [ ] No |    /    /    |
|       | [ ] Yes [ ] No |    /    /    |
|       | [ ] Yes [ ] No |    /    /    |
|       | [ ] Yes [ ] No |    /    /    |

The individual responsible for the business’s or individual’s application agrees to the following and signs the amendment below in accordance with N.J.A.C. 7:28-27.4:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including the possibility of fine and/or imprisonment. I am aware that the certification for which this business is applying requires compliance with N.J.A.C. 7:28-27 at all times when the business and affiliates are providing radon services under that certification.

Print Name Date

Signature