

**Inspector Nation
Advanced Certifications
"INAC"
IN Radon Inspection Specialist Proficiency Certification
Candidate Renewal Application**

Name: _____

Company: _____

Address: _____

Email: _____

INAC Radon Inspection Proficiency Specialist Number: CRS

Inspection Area (City or County, State): _____

Phone: _____

Website: _____

Approved Radon Continuing Education Sponsor (Attach Training Completion Certificate): _____

Relevant Work History (Other Radon Certifications, Home Inspection State Licenses, etc.): _____

Criminal Charges (Pending or Not): _____

**Examination Special Accommodations Request for applicants with documented ADA disabilities.
(See the Certification Candidate Handbook for further details):**

scope of certification: Certified Radon Inspection Specialists have demonstrated knowledge of United States Environmental Protection Agency (EPA) protocols for conducting measurements of radon gas levels utilizing a wide range of radon gas measurement devices for residential assessments and real-estate transactions. The certification holder has also demonstrated competency in the underlying physics as well as the processes in which Radon as a radioactive gas is able to emanate from the soil and enter a home.

I _____ attest that the information provided is accurate and complete. That I have maintained all scheme requirements, conducted my business practice according to the code of conduct, and upheld the Radon Inspector Quality Assurance Plan Requirements.

I _____ agree to comply with the certification requirements and to supply any information needed for certification assessment.

Applicants Signature

Date