

# LONG TERM RADON TEST KIT PAYMENT FORM

MUST BE RETURNED TO **PRO-LAB®**

#RL116

## LONG-TERM RADON TEST INFORMATION FORM

Name

Street Address

City  State  Zip

Phone:

Email:

### EMAIL ADDRESS REQUIRED FOR RESULTS

Tester Signature \_\_\_\_\_ NJ Certification ID#

(NJ Inspectors ONLY)

Person Placing Devices \_\_\_\_\_ Person Retrieiving Devices \_\_\_\_\_

### LONG-TERM RADON SAMPLE

Room Tested: \_\_\_\_\_

Building Type:  Residential  Non-Residential  Day Care  School

Structure Type:  Basement  Crawl Space  Slab on Grade  Other

Test Purpose:  Initial Screening  Real Estate Transaction  Other

Floor Tested:  Basement  First Floor  Second Floor  Other

Detector Serial #:

Test **START** Date  /  /  Test **END** Date  /  /

### TEST LOCATION: (If different than above)

Name

Street Address

City  State  Zip

If you are not interested in receiving additional information about other products, please check here.

### PAYMENT FORM

STANDARD LONG-TERM RADON GAS LAB RESULTS (\$40) \_\_\_\_\_

**NEW JERSEY RESIDENTS REQUIREMENT**  
NJDEP RADON PROGRAM ADMINISTRATIVE FEE (ADD \$20) \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

MAKE CHECKS PAYABLE TO **PRO-LAB®**  CHECK #   MONEY ORDER

CREDIT CARD:  Visa  Mastercard  Discover  AMEX

Credit Card #:  Exp. Date:  /

CREDIT CARD SECURITY CODE (3 or 4 digits):

Name on Card / Check:

Street Address:  Zip:

Signature: \_\_\_\_\_ Date:  /

By submitting your sample to **PRO-LAB®** for analysis, you authorize **PRO-LAB®** and/or its affiliate representatives to contact you regarding your results.

For lab use only: \_\_\_\_\_

Date sample received \_\_\_\_\_ Time \_\_\_\_\_ Received by \_\_\_\_\_

MUST BE RETURNED TO **PRO-LAB®**

**PRO-LAB®** • 1675 N. COMMERCE PARKWAY • WESTON • FL 33326