

RADON GAS TEST KIT PAYMENT FORM

MUST BE RETURNED TO **PRO-LAB®** TEST LOCATION FORM COMPLETE INFORMATION REQUIRED

Name:
Test Address:
City: State:
County: Zip:
NJ Municipality:

Radon Detector Serial Number # #

REQUIRED (Start) Cap Removed: Date / / Exact Start Time: : : AM/PM

REQUIRED (End) Cap Replaced: Date / / Exact End Time: : : AM/PM

Test Purpose real estate transaction initial screening follow-up test post mitigation

Building Type: Residential Non Residential Day Care Day Care in Public School

Structure Type: Basement Crawl space Slab on Grade Other _____

Floor Tested: Basement 1st Floor 2nd Floor Name of room tested _____

Closed building conditions were maintained during the test?: Yes No

Do you have a Radon Mitigation system installed?: Yes No

EMAIL ADDRESS REQUIRED FOR RESULTS

Email:

*Must be received within 7 (business days) in order to be processed.

PAYMENT FORM

PLEASE OBTAIN YOUR ONLINE REGISTRATION NUMBER AT PROLABINC.COM AND WRITE THE NUMBER IN THE SPACE PROVIDED BELOW.

Phone: Online Registration #:

STANDARD RADON GAS LAB RESULTS (\$40)

EXPRESS RADON GAS LAB SERVICE (\$60)

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.

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