

Please type or print using **black or blue ink**

**Please return the completed Radon Detector Order Form to:**

New York State Department of Health  
Bureau of Environmental Radiation Protection  
Flanigan Square, Room 530  
547 River Street  
Troy, NY 12180-2166  
(800)458-1158

For Official Use Only - NYSDOH ID Number					

1. Name First Last MI

2. Mail Detector(s) to the following address City State Zip

3. Detector(s) will be used at the following address City State Zip  
(Please supply if different than mailing address)

4. County Town or Village

5. Telephone Number  
Day (        ) Evening (        ) Best time to call

6. Have you used radon detectors in this home in the past?  Yes  No If yes, did you get your test kit through the New York State Department of Health?  Yes  No

7. I certify that I am not a dealer of radon measuring detectors and that none of the radon detectors sent to me by the New York State Department of Health will be resold. **I agree that the device is intended for the purpose of measuring radon levels in my home only.** I authorize the New York State Department of Health, Bureau of Environmental Radiation Protection to use the information in this order form and the results of the radon test for the Health Department's research purposes. I understand that my name, address and telephone number will be held confidential by the Department of Health and will not be released to other agencies without my prior written permission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Number of Detectors ordered\***

\_\_\_\_\_ Short term radon detectors at \$6.75 each = \$\_\_\_\_\_

\*Please note that one short-term radon detector is sufficient to measure radon concentrations for 2,000 square feet by floor.

Make check or money order payable to the New York State Department of Health. **Do not send cash.**

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**Comments**

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**Special Study**

**Rev Initials** \_\_\_\_\_

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type (*)	Detector Number	Date Sent	Amount Paid	Cashline#
CC				
CC				
CC				
CC				
CC				
CC				
CC				
CC				
CC				
CC				

**Type**  
CC - Charcoal

**(\*)**  
1- Screening  
2 - Follow-up  
3 - Duplicate  
9 - Replacements (St Rev)

**Placement Location**  
0 - Basement  
1- First Floor  
2- Second Floor  
3 - Third Floor

Please take a moment to complete this brief questionnaire and return with the application and your check/money order in the envelope provided.

***“Where did you hear about the New York State Department of Health’s Radon Program?”***

Check only one box that most influenced you to contact the Department’s Radon Program

- Source Line (Times Union telephone hotline)
- CNY Coalition for Healthy Indoor Air web site
- Television Public Service Announcement
- Radio Public Service Announcement
- Real Estate Agent
- Home Inspector
- Building Contractor
- DOH website
- EPA publication
- DOH publication
- Newspaper advertisement(please specify) \_\_\_\_\_
- Billboard
- Bus tails (advertising on side/back of bus)
- State Fair
- County/Local Fair (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

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