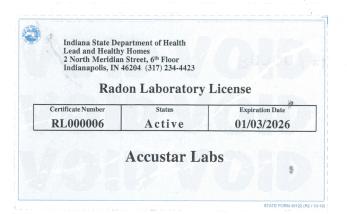
<u>ADDRESS CHANGE:</u> It is your responsibility to notify the Indiana State Dept. of Health, Lead and Healthy Homes program, in writing of any address changes. Please provide your name, previous address, new address, zip code, license number, expiration date, home phone number, and work number in your correspondence.

<u>NAME CHANGE:</u> If you have a name change to report, you must provide the appropriate documentation - such as a copy of a marriage certificate, divorce decree, or court order. Please provide your name, previous address, new address, zip code, certificate number, expiration date, home phone number, and work number in your correspondence.

Send any Name and Address changes to Indiana State Department of Health, Lead and Healthy Homes, 2 N. Meridian Street, 5J, Indianapolis, IN 46204.

LICENSE RENEWAL: The Lead and Healthy Homes Program will forward a license renewal application to the licensee at the address provided to the Indiana State Department of Health for this license about sixty (60) days prior to expiration.



Approved by	Certificate Number	Status	Expiration Date	
State Board of			-	
Accounts 1999	D	4	0.1.10.0.10.0.0.	
Accounts 1999	RL000006	Active	 01/03/2026	11

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Indiana State Department of Health

Lead and Healthy Homes 2 N. Meridian Street, 6th Floor Indianapolis, Indiana 46204 (317) 234-4423

Radon Laboratory License

Certificate Number	Status	Expire Date
RL000006	Active	01/03/2026

Accustar Labs

Lindsay M. Weaver, MD, FACEP

Lindsay M. Weaver, MD, FACEP State Health Commissioner Indiana State Department of Health

STATE FORM 49122 (R2 / 10-18)