


Your Radon Laboratory Tester license (number RTL01055) and reference card are enclosed.

**ADDRESS CHANGE:** 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.

**NAME CHANGE:** 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.



Indiana State Department of Health  
Lead and Healthy Homes  
100 N. Senate Avenue, N855  
Indianapolis, IN 46204 (317) 234-4423

**Radon Laboratory Tester License**


Certificate Number	Status	Expiration Date
RTL01055	Active	12/09/2022

**Jeffrey Kaplan**

STATE FORM 49122 (R2 / 10-18)

Approved by  
State Board of  
Accounts 1999

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RTL01055	Active	12/09/2022



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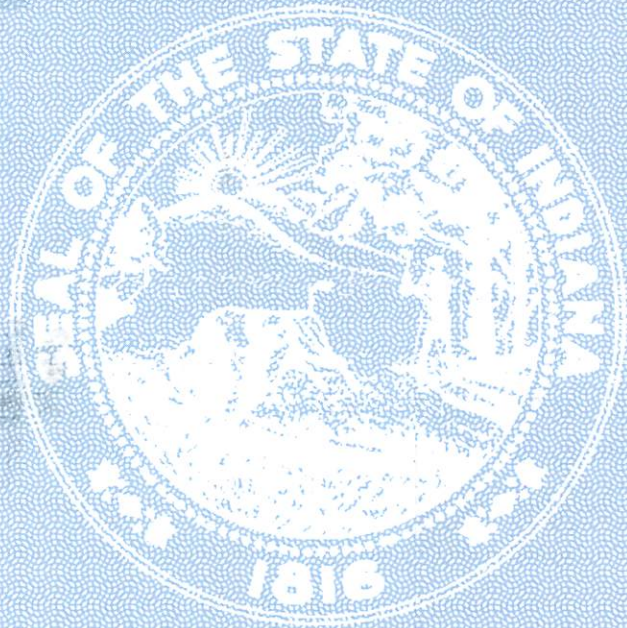
**Jeffrey Kaplan**

**Kristina Box, MD, FACOG**  
Kristina Box, MD, FACOG  
State Health Commissioner  
Indiana State Department of Health

STATE FORM 49122 (R2 / 10-18)

\* PLEASE ATTENTION \*





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