



NRSB Examination Order Form

This form may be used to order one or more sets of the NRSB proficiency examinations for certification as Radon Measurement Technician, Radon Measurement Specialist and Radon Mitigation Specialist. Examinations must be given within two-weeks from the date of receipt of exams. Examinations must be returned within twenty-four (24) hours from the date of the first examination. Complete the items below.

1. **When ordering a single (1) examination, a flat fee of \$90.00 will be assessed.** This fee includes shipping and handling charges. Single exams must be paid in advanced by credit card or may be paid at the time of taking the exam by enclosing a check in the return envelope.
2. **The NRSB examination grading service fee is \$45.00** for each examination when ordering two (2) or more examinations. No fees will be assessed for any unused exams that are returned with seals intact and void of any tears or markings which would render the examination unusable. **Shipping charges to and from the testing facility will be billed to the requester.** Traceable shipment consists of up to 20 examination booklets to a single location (fee includes a single pre-paid shipping label for return of all materials to the NRSB). The National Radon Safety Board will not accept packages billed to NRSB without prior written approval. The requester will be billed for grading services fee and shipping fees when materials are returned. Payment terms are net 10 days from the date of the invoice.
3. **Type or print the following instructions.**
4. **Submit the completed form to NRSB, 14 Hayes Street, Elmsford, NY 10523.** The NRSB Examination Order Form must be completed in its entirety and received by the NRSB no later than two weeks prior to the examination date.

*Exam Type	# of Exams	Exam Date	Exam Location City/State	NRSB Exam Numbers	Date Sent by NRSB

*RMT - Radon Measurement Technician *RMS - Radon Measurement Specialist
 *RRS - Radon Mitigation Specialist

Ship Exams to:	Bill Exams to:
Responsible Person: _____ Address: (No P.O. Box) _____ _____	Responsible Person: _____ Address: _____ _____
Phone: () _____ Email Address: _____ Exams Needed by: _____ /_____/_____	Phone: () _____ Visa/MC/Amex# _____ Security Code: _____ Exp. Date: _____ Billing Address: _____
Signature of Responsible Party: _____	Signature: _____ Date _____
	Payment terms net 10 days from date of invoice.