

Item #2

Please remit to:  
New Jersey Department of Environmental Protection  
Site Remediation Program  
Frank Faranca  
Bureau of Case Management  
P.O. Box 028, 401 E. State Street, 5<sup>th</sup> Floor  
Trenton, NJ 08625-0028



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*Homeowner Information*  
*(Part 1 of 2)*

Homeowner Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Certification Statements:** (All certifications are required. Please initial.)

\_\_\_\_\_ I have been provided and understand the cost guidelines and payment process for the mitigation systems and understand that any costs in excess to the guidelines requires NJDEP or EPA pre- approval.

\_\_\_\_\_ I understand that as the homeowner I will be payed for costs for an approved mitigation system that are within the cost guidelines.

\_\_\_\_\_ I understand that as the homeowner I am responsible throughout the implementation of the Scope of Work for managing a contractor and paying for this project.

\_\_\_\_\_ I understand that my contractor is responsible for implementation of the Scope of Work including the design, installation, maintenance, and monitoring of the mitigation system.

**Homeowner Signature** \_\_\_\_\_

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

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*Selected Contractor Information  
(Part 2 of 2)*

Contractor Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Applicable License Information: (Must complete at least one.)**

Certified Radon Mitigation Business License # \_\_\_\_\_

Licensed Site Remediation Professional License # \_\_\_\_\_

› Please attach a list of contaminated sites where you have installed vapor mitigation systems, along with the addresses.

Professional Engineer License # \_\_\_\_\_

› Please attach a list of contaminated sites where you have installed vapor mitigation systems, along with the addresses.

**Certification Statements:** (All certifications are required. Please initial.)

\_\_\_\_\_ I have been provided a copy of the Scope of Work and agree to conduct only the required vapor mitigation in accordance with the Scope of Work.

\_\_\_\_\_ I have been provided the cost guidelines and will provide any estimates or cost information or technical information, as required by NJDEP or EPA and will adhere to the guidelines.

\_\_\_\_\_ I understand that any cost overruns may not be reimbursable unless pre-approved by NJDEP or EPA.

Contractors Signature \_\_\_\_\_

Contractors License # \_\_\_\_\_

Date \_\_\_\_\_