

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

Change of Address Form

Per NRS Chapter 653 and Adopted Regulation R079-19, a license holder shall notify the Division (Radiation Control Program) of any change in the mailing address of the license holder within 10 business days after such a change.

Name (as printed on license):		
Date of Birth (MM/DD/YYYY):	Last Four Digits of SSN or APIN:	
NEW Mailing Address:		
City:	State:	ZIP:
OLD Mailing Address:		
City:	State:	ZIP:
Personal Phone Number:	Work Phone Number:	
Personal Email Address:		
Signature:	Date (MM/DD/YYYY)	

You may either submit this notice either in writing, through the website, or via email.

Mail: Radiation Control Program
Division of Public and Behavioral Health
675 Fairview Dr. Suite 218
Carson City, NV 89701

Email: radiationcontrolprogram@health.nv.gov