

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 Email: radiationcontrolprogram@health.nv.gov Division of Public and Behavioral Health 675 Fairview Dr. Suite 218 Carson City, NV 89701

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ALL IN GOOD HEALTH.