

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Dena Schmidt
Administrator

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

Name Change Form

Per NRS Chapter 653 and Adopted Regulation R079-19, a license holder shall notify the Division (Radiation Control Program) of any change in name, including, without limitation, a change in name that results from marriage, within 10 business days after such a change.¹

Name (as printed on license):	
Date of Birth (MM/DD/YYYY):	Last Four Digits of SSN or APIN*:
NEW Name:	
OLD Name:	
Signature:	Date (MM/DD/YYYY)

* Social Security Number or Alternative Personal Identifying Number, per NRS 622.238(3) and 653.550 (1)(a)

¹ Submit copy of marriage license, court decree, or official documentation indicating change in name.

You may 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