Radiation Control Program

General Information Change Form

For more information go to http://dpbh.nv.gov/Reg/RPM/Radiation_Producing_Machines_-_Home/

CURRENT NAME _____ NEVADA REG. NO. _____

CURRENT MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CURRENT PHYSICAL/USE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CURRENT PHONE NUMBER _____ CURRENT FAX NUMBER _____ E-MAIL ADDRESS _____

PLEASE MARK THE FOLLOWING CHANGES THAT NEED TO BE MADE TO YOUR FACILITY:

☐ ADDRESS CHANGE: ☐ **PHYSICAL** *OR* ☐ **MAILING**

NEW ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

☐ CHANGE OF PHONE OR FAX NUMBER:

TELEPHONE NUMBER _____ FAX NUMBER _____ E-MAIL ADDRESS _____

☐ NAME CHANGE[1]:

NEW FACILITY NAME (AS IT APPEARS ON BUSINESS LICENSE) _____

☐ CHANGE OF PERSON RESPONSIBLE FOR MACHINE(S):

PLEASE DIRECT ALL CORRESPONDENCE TO:

RESPONSIBLE PERSON'S NAME _____ TITLE _____

☐ OTHER: _____

CHANGE OF OWNERSHIP:

IF A CHANGE IN OWNERSHIP, YOU MUST TERMINATE AND RE-REGISTER ALL MACHINES UNDER THE NEW COMPANY'S LICENSED NAME. PLEASE FILL OUT A TRANSFER OR DISPOSAL REQUEST FORM FOR EACH MACHINE, AND RE-REGISTER ANY MACHINE IN USE UNDER THE NEW COMPANY'S INFORMATION WITH THE RADIATION PRODUCING MACHINE REGISTRATION FORM. THESE FORMS SHALL ACCOMPANY ALL APPLICABLE REGISTRATION FEES, AND MAILED TO THE ADDRESS LISTED BELOW.

SIGNATURE _____ NAME _____ TITLE _____ DATE _____

[1] Please provide a copy of the business license documenting the new facility name.

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