



Radiation Control Program General Information Change Form



CURRENT FACILITY 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
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CHANGE OF PHONE OR FAX NUMBER:

TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
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FACILITY NAME CHANGE¹:

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