



# Radiation Control Program

## Statewide Location Change Notification 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:**

<input type="checkbox"/>	ADDRESS CHANGE:	<input type="checkbox"/>	<b>PHYSICAL</b>
	NEW ADDRESS	CITY	STATE      ZIP CODE
<input type="checkbox"/>	CHANGE OF PHONE OR FAX NUMBER:		
	FAX NUMBER	E-MAIL ADDRESS	
<input type="checkbox"/>	CHANGE OF PERSON RESPONSIBLE FOR MACHINE(S):		
	<i>PLEASE DIRECT ALL CORRESPONDENCE TO:</i>		
	RESPONSIBLE PERSON'S NAME	TITLE	
<input type="checkbox"/>	OTHER:		

SIGNATURE	NAME	TITLE	DATE
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