



# Radiation Control Program

## Statewide Location Change Notification Form



For more information go to [http://dpbh.nv.gov/Reg/RPM/Radiation\\_Producing\\_Machines\\_-\\_Home/](http://dpbh.nv.gov/Reg/RPM/Radiation_Producing_Machines_-_Home/)

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>				
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">NEW ADDRESS</td> <td style="text-align: center; border-bottom: 1px solid black;">CITY</td> <td style="text-align: center; border-bottom: 1px solid black;">STATE</td> <td style="text-align: center; border-bottom: 1px solid black;">ZIP CODE</td> </tr> </table>		NEW ADDRESS	CITY	STATE	ZIP CODE
NEW ADDRESS	CITY	STATE	ZIP CODE		
<input type="checkbox"/>	CHANGE OF PHONE OR FAX NUMBER:				
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"></td> <td style="text-align: center; border-bottom: 1px solid black;">FAX NUMBER</td> <td style="text-align: center; border-bottom: 1px solid black;">E-MAIL ADDRESS</td> </tr> </table>			FAX NUMBER	E-MAIL ADDRESS	
	FAX NUMBER	E-MAIL ADDRESS			
<input type="checkbox"/>	CHANGE OF PERSON RESPONSIBLE FOR MACHINE(S):				
<small>PLEASE DIRECT ALL CORRESPONDENCE TO:</small>					
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">RESPONSIBLE PERSON'S NAME</td> <td style="text-align: center; border-bottom: 1px solid black;">TITLE</td> </tr> </table>		RESPONSIBLE PERSON'S NAME	TITLE		
RESPONSIBLE PERSON'S NAME	TITLE				
<input type="checkbox"/>	OTHER:				
<hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 1px solid black;"/>					

SIGNATURE	NAME	TITLE	DATE
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