

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

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

## Change of Address Form

Per **NRS Chapter 653** and **Adopted Regulation R079-19**, a license holder shall notify the Division (Radiation Control Program) of any change in the mailing address of the license holder within 10 business days after such a change.

Name (as printed on license):		
Date of Birth (MM/DD/YYYY):	Last Four Digits of SSN or APIN*:	
<b>NEW</b> Mailing Address:		
City:	State:	ZIP:
<b>OLD</b> Mailing Address:		
City:	State:	ZIP:
Personal Phone Number:	Work Phone Number:	
Personal Email Address:		
Signature:	Date (MM/DD/YYYY)	

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

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](mailto:radiationcontrolprogram@health.nv.gov)