

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 R074-19**, 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*: | |
| NEW Mailing Address: | | |
| | | |
| City: | State: | ZIP: |
| OLD 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