

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

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

## Name Change Form

Per NRS Chapter 653 and Adopted Regulation R079-19, a license holder shall notify the Division (Radiation Control Program) of any change in name, including, without limitation, a change in name that results from marriage, within 10 business days after such a change.<sup>1</sup>

Name (as printed on license):	
Date of Birth (MM/DD/YYYY):	Last Four Digits of SSN or APIN*:
NEW Name:	
OLD Name:	
Signature:	Date (MM/DD/YYYY)

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

<sup>1</sup> Submit copy of marriage license, court decree, or official documentation indicating change in name.

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)