

RADIATION CONTROL PROGRAM GENERAL INFORMATION CHANGE FORM



CURRENT FACILITY NAME			
CURRENT PHONE NUMBER	CURRENT FAX NUMBER	CURRENT REGISTRATION NUMBER	
CURRENT MAILING ADDRESS	CITY	STATE	ZIP CODE
NAME/TITLE OF PERSON RESPONSIBLE FOR MACHINE	EMAIL OF RESPONSIBLE PERSON		

PLEASE MARK THE FOLLOWING CHANGES THAT NEED TO BE MADE TO YOUR FACILITY BELOW:

<input type="checkbox"/>	MAILING ADDRESS OR PHYSICAL ADDRESS CHANGE		
NEW MAILING ADDRESS	CITY	STATE	ZIP CODE
<input type="checkbox"/>	FACILITY NAME CHANGE		
NEW FACILITY NAME			
<input type="checkbox"/>	CHANGE OF OWNERSHIP		
NEW OWNERS NAME			
<input type="checkbox"/>	CHANGE OF PHONE OR FAX NUMBER		
NEW PHONE NUMBER	NEW FAX NUMBER		
<input type="checkbox"/>	OTHER		

SIGNATURE	TITLE	DATE
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PRINT/TYPE NAME

**Nevada State Health Division - Radiation Control Program
727 Fairview Drive, Suite E - Carson City, NV 89706
Tel: (775) 687-7550 - Fax: (775) 687-7552**

Public Health Working for a Safer and Healthier Nevada