

### REPORT OF NAME OR ADDRESS CHANGE

California Code of Regulations, title 17, sections 30406 and 30537, requires any individual issued an X-ray Technician Limited Permit, Radiologic Technology Certificate, Mammographic Certificate, Fluoroscopic Certificate, Supervisor and Operator Certificate or Permit, or a Nuclear Medicine Technologist Certificate to report any change in their name or address within 30 days to this Department.

**Pursuant to the California Code of Civil Procedure Section 1275, name change requests must be accompanied by a copy of a certified superior court order allowing the name change and a government issued picture ID, such as a driver’s license, military ID, or passport.**

**Mark only if you are in the process of applying/taking the following State examination:**

- |  |   |
|--|---|
| <input type="checkbox"/> Supervisor/Operator             | <input type="checkbox"/> Radiologic Technologist              |
| <input type="checkbox"/> Limited Permit X-Ray Technician | <input type="checkbox"/> Fluoroscopic Radiologic Technologist |
| <input type="checkbox"/> Nuclear Medicine Technologist   | <input type="checkbox"/> Mammographic Radiologic Technologist |

**Current Certificate/Permit Number** \_\_\_\_\_

**PREVIOUS NAME AND ADDRESS:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**CURRENT NAME AND ADDRESS:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MAIL OR FAX TO:**

California Department of Public Health  
Radiologic Health Branch, MS 7610  
P.O. Box Number 997414  
Sacramento, CA 95899-7414

FAX (916) 440-7999

Telephone (916) 327-5106

Internet Address: <http://www.cdph.ca.gov/programs/Pages/RadiologicHealthBranch.aspx>