

### REPORT OF NAME OR ADDRESS CHANGE

California Code of Regulations, Title 17, Sections 30406 and 30537, required any individual issued an X-Ray Technician Limited Permit, Radiologic Technology Certificate, Mammographic Certificate, Fluoroscopy 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.**

<b>Check a box below only if you are in the process of applying/ taking the State examination:</b>	
<input type="checkbox"/> <b>Supervisor/Operator</b>	<input type="checkbox"/> <b>Radiologic Technologist</b>
<input type="checkbox"/> <b>Limited Permit X-Ray Technician</b>	<input type="checkbox"/> <b>Fluoroscopic Radiologic Technologist</b>
<input type="checkbox"/> <b>Nuclear Medicine Technologist</b>	<input type="checkbox"/> <b>Mammographic Radiologic Technologist</b>

**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** \_\_\_\_\_

**A check or money order in the amount of \$2 is required for duplicate requests of a permit/certificate, except Nuclear Medicine Technologist certificates. For Nuclear Medicine Technologist certificates, a check or money order in the amount of \$18 is required for duplicate requests of the certificate. Please send payment along with the form if you are requesting a duplicate copy of your permit/certificate once your name and/or address is updated.**