

## Report of Name or Address Change

Requires any individual issued a Limited Permit X-Ray Technician, Radiologic Technologist Certificate, Mammographic Radiologic Certificate, Radiologic Technologist Fluoroscopy Permit, Licentiate Supervisor and Operator Certificate or Permit, Physician Assistant Fluoroscopy Permit, or a Nuclear Medicine Technologist Certificate to report any change in their name or address within 30 days.

**Do not** use this form for X-ray Machine Registration changes. For FAQs, video tutorials, and guides on changes to X-ray Machine Registration, visit the [X-ray Machine Registration Resources page](http://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/RHB-X-ray/RegistrationFAQ.aspx) ([www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/RHB-X-ray/RegistrationFAQ.aspx](http://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/RHB-X-ray/RegistrationFAQ.aspx))

☐ For Initial Application – Check this box if you are in the process of applying for a certificate/permit or taking a State examination.

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

**DOB (MM/DD/YYYY)** \_\_\_\_\_ **Social Security Number/ITIN** \_\_\_\_\_

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

### Previous Name and Address

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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

### Current Name and Address

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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

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

**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.**

If you choose to fax or are emailing this form to change your address and/or name, type [Secure] into the subject line of the cover sheet or email.

### RHB Internal Use Only

☐ Changes Completed. \_\_\_\_\_ (Processor's Initial) \_\_\_\_\_ (Date)

☐ Documentation Verified (Name Change only) \_\_\_\_\_ (Processor's Initial) \_\_\_\_\_ (Date)

Radiologic Health Branch, MS 7610 • P.O. Box 997414 • Sacramento, CA 95899-7414

• (916) 327-5106 • (916) 440-7999 FAX (Provide [Secured] Cover Page)

Internet Address: [Radiologic Health Branch Web Page](http://www.cdph.ca.gov/rhb) ([www.cdph.ca.gov/rhb](http://www.cdph.ca.gov/rhb))