

Joe Lombardo
Governor

Laura Rich,
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Andrea R. Rivers,
MS
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.¹

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)

¹ 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