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:	
☐ Supervisor/Operator☐ Limited Permit X-Ray Technician☐ Nuclear Medicine Technologist	 ☐ Radiologic Technologist ☐ Fluoroscopic Radiologic Technologist ☐ 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 Badiologic Health Branch, MS 7610	

FAX (916) 440-7999

Telephone (916) 327-5106

P.O. Box Number 997414 Sacramento, CA 95899-7414

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