

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, Fluoroscopy Certificate, Supervisor and Operator Certificate or Permit, Fluoroscopy Physician Assistant 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.

Are you taking a State examination? If yes, please check the exam category box below.

<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"/> Physician Assistant	<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 _____

Mailing Address (Number and Street or P.O. Box Number) _____

City, State, Zip Code _____

Daytime Telephone _____ E-mail Address _____

The information you provide on this form may be made public by the California Public Records Act; please provide a P.O. Box number or other alternate address and/or an alternate phone number if you do not wish to have your home address and/or phone number made public.

Signature _____ **Date** _____

A check or money order for \$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 for \$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.