

**REPORT OF NAME OR ADDRESS CHANGE**

California Code of Regulations, Title 17, Sections 30406 and 30537, 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.

**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.**

**Check a box below only if you are in the process of applying for a certificate/permit or taking a State examination. If you are not in the process of either, please skip this step:**

- |   |   |
|---|---|
| <input type="checkbox"/> Licentiate Supervisor and 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 Fluoroscopy    | <input type="checkbox"/> Mammographic Radiologic Technologist |
| <input type="checkbox"/> Nuclear Medicine Technologist      |   |

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

**Date of Birth** \_\_\_\_\_

**Social Security Number/Individual Taxpayer Identification 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** \_\_\_\_\_

**Requests for duplicate copy of certificate/permit**

- \$2 check or money order is required for duplicate requests of a certificate/permit, except Nuclear Medicine Technologist certificates.
- \$18 check or money order is required for duplicate requests of Nuclear Medicine Technologist certificates.

If you choose to fax or are emailing this form to change your address, please type [Secure] into the subject line of the cover sheet or email. Requests for duplicates must be mailed in with this form and appropriate fee in the form of check or money order as listed above.