



CHANGE OF NAME/ADDRESS FOR RADIOGRAPHY CERTIFICATE

In order to maintain your certification, you are required to notify this office immediately of any name or address changes. Failure to do so may jeopardize your certification standing. If requesting name change to your certificate, proof is required, e. g. copy of marriage license, judgment of divorce, or court papers. Please allow a minimum of three (3) weeks for processing. Incomplete forms will be returned. Completed form should be mailed to:

Delaware Division of Public Health
 Office of Radiation Control
 417 Federal Street
 Dover, DE 19901

Name on file: _____

Social Security #: _____ Date of Birth: _____

Address on file: _____

Change name to: _____

Change address to: _____

Phone # Home: _____

Work: _____

Certification #: _____ Expiration Date: _____

Signature: _____ Date: _____

Should you have any questions, please feel free to contact the Office of Radiation Control at 302-744-4546, or visit our web site at <http://www.dhss.delaware.gov/dhss/dph/hsp/orc.html>