



42 Fountain Place
Frankfort, KY 40601
502-782-5687 Phone
502-782-6495 Fax
<http://kbmirt.ky.gov>

NAME/ADDRESS CHANGE FORM

1.) License #: _____

2.) Date of Birth: _____

3.) Old Name or Mailing Address:

(Last Name) (First Name) (Middle Initial)

(Old Address) (City) (State) (Zip Code)

4.) New Name or Mailing Address:

(Last Name) (First Name) (Middle Initial)

(New Address) (City) (State) (Zip Code)

(Phone #) (Current E-mail Address)

For a name change: A copy of legal documents must accompany this form (i.e. Marriage License)

If you are requesting a copy of your license along with this update, please include a check or money order made to "Kentucky State Treasurer" in the amount of \$20. **Mail to:** Kentucky Board of Medical Imaging & Radiation Therapy, 42 Fountain Place, Frankfort, KY 40601