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## **LICENSEE NAME/ADDRESS CHANGE FORM**

KY Radiation License No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last 4 Digits* *MM/DD/YYYY*

### **Current Contact Information:**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Previous Contact Information, If Different From Above:**

Previous Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Previous Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Previous Phone: \_\_\_\_\_ Previous Email: \_\_\_\_\_

**FOR A NAME CHANGE: PHOTOCOPY OF LEGAL DOCUMENTS MUST ACCOMPANY THIS FORM  
(I.E. MARRIAGE LICENSE, DIVORCE DECREE, LEGAL NAME CHANGE)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date