



2365 Harrodsburg Rd, Suite A220  
Lexington, KY 40504  
502-782-5687 Phone  
502-782-6495 Fax  
[kbmirt@ky.gov](mailto:kbmirt@ky.gov) Email

## **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