



If corrections or updates for contact or other information are needed please return this form.

Change of Address or Contact Information Form

Type of Certificate:

Radiation Machine

Radioactive Materials

Vendor

Radiation Operator

Qualified Expert

Registration, License or
Certification Number:

Business Name:

Contact Person:

Profession:

Office Phone:

Contact Phone:

Fax Number:

Street Address/P.O. Box:

City, State, Zip:

Experience Category(ies) A-G:

(Note: Qualified Experts must include certificates of training, attestations,
and other supporting documentation when submitting for additional categories.)

E-mail address:

Return Mail to:

Radiation Health Branch

275 East Main Street HS1C-A

Frankfort, KY 40621