Fill in the form electronically. The fee is already calculated and entry is not required. When the form is completed, press the button to the right to print. An electronic copy may also be saved by using the tool box at the top of the page.

Press here to print c

New Mexico Medical Imaging and Radiation Therapy Program
LEGAL NAME CHANGE
APPLICATION FORM

Date August 2011

Regulation 20.3.20 NMAC

Guidance http://www.nmenv.state.nm.us/nmrcb/documents/RadiologistTechnologistFAQs.pdf

New Mexico Environment Department
Radiation Control Bureau
New Mexico Medical Imaging and Radiation Therapy Program
P.O. Box 5469
Santa Fe, New Mexico 87502-5469
Phone No. (505) 476-8600

GENERAL INFORMATION

Social Security No. _____ or NM Registration No. _____

First Name _____

Last Name _____

Middle Name _____

Maiden Name _____

Address _____

City _____ State [Abbreviate] _____ Zip Code _____

Home Phone No. _____ Cell No. _____

Required Documentation

Please submit with this application a copy an official government issued photo identification and a legal document authorizing the name change.

FEE CALCULATOR - LEGAL NAME CHANGE FEES	QUANTITY	PRICE	AMOUNT
NM Application fee			10.00
Legal Name Change			15.00
		Total	

Make checks or money orders payable to the NM Environment Department or NMED.
Cash and credit cards can ***NOT*** be processed at this time.

I hereby certify that I am in compliance with all applicable judgments and orders for child support and am in compliance with all applicable subpoenas or warrants related to paternity or child support proceedings and all other Radiation Protection Regulations, and that all information provided is true to the best of my knowledge.

Signature _____ Date _____

RCB USE ONLY Check Date _____ Check No. _____ Check Amount _____