



**Michelle Lujan Grisham**  
Governor

**NEW MEXICO  
ENVIRONMENT DEPARTMENT**

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**James C. Kenney**  
Cabinet Secretary

**Information Required for Change of Control or Change of Ownership or both for  
Radiation Machine(to include a name change)**

Please provide the following information concerning changes of control(transferor and transferee). Please indicate items not applicable.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a Licensee contact whom the bureau may contact if more information is needed.

A. Description of the transaction:

B. ☐ No name change  
☐ New name of Registrant organization: \_\_\_\_\_

C. ☐ No change in Management  
☐ New Contact/Title: \_\_\_\_\_  
☐ New Telephone number: \_\_\_\_\_

2. Describe any changes in personnel or duties that relate to the Registrant Program. Include training and experience for new personnel.

A. ☐ No changes in personnel having control over registrant activities.

☐ Changes in personnel having control over registrant activities(e.g., officers of a Corporation): \_\_\_\_\_

B. ☐ No changes in personnel named in the registration.

☐ Changes in personnel named in the Registration (e.g. RSO, AUs) – include training, experience and responsibilities: \_\_\_\_\_

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the Radiation Machine Program. Add a supplemental sheet if more space is needed.

☐ Organization:

☐ Equipment:

☐ Location:

☐ Procedures:

☐ Facility:

☐ Not applicable:

4. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or as indicated below. These records include documentation of surveys of ambient radiation levels and fixed and removable contamination, including methods and sensitivity.

Records transferred to:

☐ New Registrant

☐ Bureau for Registrant termination

☐ Not applicable

5. Confirm that the transferee will abide by all constraints, conditions, requirements, and commitments of the transferor or that the transferee will submit a complete description of the proposed registrant program.

\_\_\_\_\_ will abide by all constraints and conditions.  
(transferee company)

\_\_\_\_\_  
Signature of Transferee Official

\_\_\_\_\_  
Signature/Title Transferor Official

\_\_\_\_\_  
Print Name of Transferee Official/Title

\_\_\_\_\_  
Print Name of Transferor Official/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date