



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

Form revised May 2017

Regulation 20.3.20 NMAC

Guidance Please call 505-476-8633 if you need
help filling out this form.

New Mexico Environment Department
Radiation Control Bureau
NM Medical Imaging and Radiation Therapy Program
PO Box 5469
Santa Fe, NM 87502-5469
Phone No. (505) 476-8633

GENERAL INFORMATION

Social Security No. or NM Registration No.

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. If your ARRT or NMTCB wallet cards already display the new legal name change, please include a copy of either your ARRT or NMTCB wallet card.

FEE CALCULATOR - LEGAL NAME CHANGE FEES

AMOUNT

If you only need one original certificate the total fee amount due is \$25.00 which already included the \$10.00 Application fee and the \$15.00 Legal Name Change fee.
Make checks payable to NMED.
Please see instructions below if more than one original certificate is needed.

\$25.00

If you need more than one original certificate, please enter the additional "Quantity" of original certificates that you are requesting in this box:

The \$25.00 fee will need be increased by the number of additional original certificates ordered. Please add \$5.00 to the minimum \$25.00 fee amount for each additional certificate requested. For example, if you need a total of 7 original certificate the total fee amount due would be \$60.00 and the amount of the check would be \$60.00. That fee amount would include the \$10 application fee the \$15 Legal Name Change fee(which includes one original certificate) and the additional 6 original certificates that were requested and entered in the "Quantity" box.

Make checks payable to NMED. Enter the total fee amount that you are sending in this box:

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