

# Source Address Change Request (Facility MOVE)

 **Office of Health Assurance and Licensing**  
**Source Address Change Request**

PLEASE PRINT OR TYPE  
Complete all fields

Registration Number			
Facility Name			
Previous Street Address 1			
Previous Street Address 2			
Previous City	State	Zip code	Ohio County
Number and type of tubes left at previous address			
<b>NEW ADDRESS</b>			
Effective Date of Move			
Facility Name			
Contact Phone Number			
Street Address 1			
Street Address 2			
City	State	Zip code	Ohio County

The new address is also my Mailing and Billing address

Mailing or billing addresses and all phone or fax numbers can be changed immediately through your ODH Gateway account.

Ohio Department of Health  
Xray Registration  
246 North High Street, Columbus, Ohio 43215  
Telephone: (614) 995-4727  
Fax: (614) 644-8526  
e-mail: xrayreg@odh.ohio.gov

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**SUBMIT FORM**



Please use Source Address Change Request form ([HEA0152](http://www.odh.ohio.gov/pdf/forms/hea0152.pdf)) available on our web site.  
<http://www.odh.ohio.gov/pdf/forms/hea0152.pdf>

Each address that possesses x-ray equipment (operable, inoperable or in-storage) must have a current, valid registration.

A new registration must be submitted for the new address if any x-ray equipment remains at the old address.

**No x-ray equipment can remain at the old address (operable, inoperable or in-storage) without a current, valid registration.**

You can also use this form to change your mailing and billing addresses at the same time.

The SUBMIT FORM button will send the form to our department via e-mail to [xrayreg@odh.ohio.gov](mailto:xrayreg@odh.ohio.gov)

If your computer does not allow you to e-mail the form, please fax to 614.644.8526