JOE LOMBARDO

Governor



DR. KRISTOPHER SANCHEZ Director

VICTORIA CARREÓN

Administrator

BRENNAN PATERSON Chief Administrative Officer

## DEPARTMENT OF BUSINESS AND INDUSTRY DIVISION OF INDUSTRIAL RELATIONS MECHANICAL COMPLIANCE SECTION

CHANGE FORM: FOR LOCATION NAME, PROPERTY OWNER, NEW POINT of CONTACT, INVOICE/BILLING

LOCATION		
Location Name:		
Address:		
Previous Location Name (if applicable):		
PROPERTY OWNER		
Name:		
Mailing Address:		
Phone:		
E-mail Address:		
NEW POINT of CONTACT		
Name:		
Office Phone:		
Mailing Address:		
Email Address:		
Property Management Company Name (if applicable):		
This is not a Property Management Company: 🔲		
INVOICE/BILLING		
Attention to:		
Email address for Invoices:		
Mailing address for Invoices:		
STATE #'s (Large locations need not include every object number – this		
information is used to help us identify/confirm your location)		
Boiler Objects Elevator Objects		
THIS FORM IS BEING SUBMITTED BY		
Name:	Date:	
Phone:		
E-mail address:		

Reno: 4600 Kietzke Ln, Suite F-151, Reno, NV 89502 - Telephone (775) 688-3750

**Las Vegas:** 3360 W. Sahara Avenue, Suite 170 Las Vegas, Nevada 89102 - Telephone (702) 486-9054 https://dir.nv.gov/