



STATE OF NEVADA – DEPT OF BUSINESS & INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS

Mechanical Compliance Section

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CHANGE FORM

For any of the following:

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: <input type="checkbox"/>				
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)				
<input type="checkbox"/> Boiler Objects <input type="checkbox"/> Elevator Objects				
THIS FORM IS BEING SUBMITTED BY				
Name:			Date:	
Phone:				
E-mail address:				

E-mail form to: mcs@dir.nv.gov