JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

ADAM TETI
Administrator

PAUL MEFFORD
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: 2300 W. Sahara Avenue, Suite 300 Las Vegas, Nevada 89102 - Telephone (702) 486-9054
https://dir.nv.gov/

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

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