Arizona Board of Massage Therapy
1400 W. Washington Ste. 300 Phoenix AZ 85007
602-542-8604 Fax 602-542-8804
www.massageboard.az.gov

Change of Name/Address Form/Duplicate Form

All changes need to be submitted in writing. You can fax or mail this document.

PRINT CLEARLY

Name_____ License # MT-_____

Type of change requested choose all that apply: Money order or cashier check only

☐ **Duplicate ($25.00)** ☐ **Name Change & Duplicate ($25.00)** ☐ **Wall Certificate ($25.00)** ☐ **Include current photo for duplicate**

☐ **Name Change only** ☐ **Physical Address** ☐ **Business Address** ☐ **Phone # Change**

BE AWARE OF ADDRESSES YOU NEED TO CHANGE (HOME, BUSINESS, MAILING)

Indicate by checking the box which address you want posted on the Website: ☐ Home ☐ Business ☐ Other

Resident address: Will be public if no other address is given - **PHYSICAL ADDRESS IS REQUIRED**:

_____

Complete Street address include (Apt #) (City) (State) Zip code

Massage Business address: Business Name _____

_____

Business Street address (Ste #) (City) (State) (Zip Code)

Mailing/Other address if different from home:

_____

PO Box/House #/Street Name (Ste #) (City) (State) (Zip Code)

Phone # _____ Business #_____ Cell #_____

Name changes require legal documentation showing the name change. Please make sure that PHOTOCOPY of one of the following accompanies this form

1. Marriage License must indicate the original signature and seal form clerk of the court.
2. Divorce Decree indicating restoration of your maiden name
3. Court ordered adoption, name change of Federal identity change

Name Change;

From _____
Last First Middle

To _____
Last First Middle

Comments

_____

_____

Please note that pursuant to A.R.S. 32-4225 (C), "Each licensee is responsible for reporting to the Board in writing, name change and changes in business and home addresses and phone numbers within ten days after any change."

6/3/2009