



**Arizona State Board of
Massage Therapy**
“Protecting the Public’s Health”

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Douglas A. Ducey,
Governor

CHANGE OF ADDRESS

A.R.S. § 32-4225(C): “Each licensee is responsible for reporting to the board a name change and changes in business and home addresses and phone numbers within ten days after any change.”

Last Name: _____ First Name: _____ M.I. _____

Select one: Applicant Licensed Massage Therapist # _____

RESIDENTIAL ADDRESS UPDATE:

Address _____ Phone _____
City _____ State _____ Zip _____ Country _____
Email _____ Fax _____

BUSINESS ADDRESS UPDATE:

Business Name _____
Address _____ Phone _____
City _____ State _____ Zip _____ Country _____
Email _____ Fax _____

MAILING ADDRESS UPDATE:

Address _____ Phone _____
City _____ State _____ Zip _____ Country _____
Email _____ Fax _____

ADDRESS OF RECORD: (address that will be shared with the public upon request and where all Board correspondence will be mailed)

Select one: Residential Business Mailing

Under penalty of perjury, I declare the aforementioned to be true and accurate and that I have the legal authority to make the change.

Signature: _____ Date: _____