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 Address, Name, or Duplicate License Request

PRINT CLEARLY

Name_____ License # MT-_____

Check all that apply: ☐ **Physical Address** ☐ **Business Address** ☐ **Mailing Address**

☐ **Name Change** ☐ **Duplicate License** ☐ **Wall Certificate**

Which address is to be posted on the website? ☐ **Home** ☐ **Business** ☐ **Other**

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

_____
Street Address (Apt #) City State Zip code

Business address:

Business Name _____

_____
Business Street Address (Ste #) City State Zip Code

Mailing/Other address if different from home:

_____
PO Box # / Street Address (Ste #) City State Zip Code

Phone # _____ Business #_____ Cell #_____

Name changes require legal documentation as listed below.

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

Change my name from _____
First Middle Last

To _____
First Middle Last

Signature: _____

8/11/2015