



Douglas A. Ducey,
Governor

Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

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CHANGE OF ADDRESS

Authority: Pursuant to 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. _____

Please select which best applies:

Applicant

Licensed Massage Therapist #

BUSINESS ADDRESS UPDATE:

Name of Business: _____

Street Address: _____
(Include suite number, if applicable)

City: _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Email: _____

RESIDENTIAL ADDRESS UPDATE:

Street Address: _____
(Include suite number, if applicable)

City: _____ State _____ Zip Code _____

Phone: _____ Fax: _____

Email: _____

EFFECTIVE DATE OF CHANGE(S): _____

ADDRESS OF RECORD:

Which one of the above addresses would you like to be your “Address of Record” (address that will be shared with the public, upon request and where all Board correspondence will be mailed)? Residential OR Business

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: _____