



Douglas A. Ducey,
Governor

Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

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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: _____

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.