



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

1740 West Adams St., Suite 3401
Phoenix, Arizona 85007
E: info@massageboard.az.gov
W: <https://massagetherapy.az.gov>

Douglas A. Ducey,
Governor

NAME CHANGE REQUEST

The Arizona State Board of Massage Therapy (“Board”) may recognize a name change by a licensee if the new name is legally acquired and is not changed for fraudulent purposes and/or is not misleading to the public.

Completion of this form does not automatically constitute a request for a replacement license. If you would like an updated license issued to you immediately rather than waiting for your next renewal, please locate the Replacement/Duplicate License Request form on our website.

LICENSEE INFORMATION:

Licensed Massage Therapist # _____

Old Name:

_____ Last Name First Name MI

New Name:

_____ Last Name First Name MI

SUPPORTING DOCUMENTATION:

You must enclose a photocopy of one of the following documents. Please select which applicable document you are providing as proof of your name change.

- Marriage Certificate/License
- Dissolution of Marriage
- Certified Court Order

PERSONAL ATTESTATION:

I declare under penalty of perjury, under the laws of the State of Arizona, that the information given above is true and correct and that I am the person who was issued the original Arizona massage therapy license by the Arizona State Board of Massage Therapy. I further certify that the name change is not and has not been changed for fraudulent purposes.

Signature: _____ Date: _____