



Douglas A. Ducey,  
Governor

# Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

1740 West Adams St., Ste. 3401  
Phoenix, Arizona 85007  
P: (602)542-8604  
E: [info@massageboard.az.gov](mailto:info@massageboard.az.gov)  
W: <https://massagetherapy.az.gov>

## 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. If the name change is due to anything *other than marriage/divorce*, then the name change request must be accompanied by a required fee of \$25.00. Payment can only be made by cashier’s check or money order made payable to the Arizona State Board of Massage Therapy.

I, \_\_\_\_\_, request that my massage therapy license number MT-\_\_\_\_\_ be reissued as indicated below. After I receive my new license, I understand that I am required to return any Arizona massage therapy license, in my possession, that shows any name other than the new name indicated below.

### Name Change Information:

Current/Former 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 and reason for the reissuance of a new license.

Please select one of the following:

### 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: \_\_\_\_\_

| <u>For Office Use Only</u>     |                                     |
|--------------------------------|-------------------------------------|
| Date originally issued: _____  | Supporting Document attached: _____ |
| Date new license signed: _____ | Date of reissuance: _____           |
| Date picked-up/mailed: _____   |                                     |