



Douglas A. Ducey,  
Governor

# Arizona State Board of Massage Therapy

“Protecting the Public’s Health”

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## 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
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#### New Name:

Last Name	First Name	MI
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### 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: \_\_\_\_\_