The Board must have a current physical address of record at all times. You must submit a change of address to the Board in writing within 10 days of an address change. You can submit the address change by e-mail to info@massageboard.az.gov or print and complete this form, and submit it by regular mail or fax. If you choose to submit an email, you must include the information below. Be aware of all addresses and phone numbers, because you may have more than one address and phone number in the Board's records.

Arizona Board of Massage Therapy
1400 W. Washington Ste. 300 Phoenix AZ 85007
602-542-8604 Fax 602-542-8804

Please update all applicable fields

Name_____ License # MT-_____
Print current name on license

Indicate by checking the box which address you want posted on the website:
☐ **Physical** ☐ **Business** ☐ **Mailing**

Physical address: Will be public if no other address is given - PHYSICAL ADDRESS IS REQUIRED:

_____
Street Apt # City State Zip code

Business address:

_____
Street Ste # City State Zip Code

Mailing address - if different from physical address:

_____
PO Box # or Street Apt # City State Zip Code

Home Phone # _____ **Business** #_____ **Cell** #_____

Email address: _____
Print clearly